105027

# STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	1-	FOR STATE REGISTRAR			DEPARTI	CERTIFICATE OF DEATH  REG. NO. 1 3 6							
		CEASED NAME	FIRST		MIDDLE	L	AST	2a. DA	TE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	
	1	present.	Mati	da Ma	ary GA	WRONS	KI	An	ril 6.	1985		12:30 PM	
1	5. 5E	X.		4. RACE		5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	Fe	emale		White		12 MONTH	21 1911	l	73	YRS	UA13	MIN.	
1	7a B1	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BAL	TIMORE CITY C	R COUNTY O	F DEATH		
2		aryland		U.S.A.		WIDOWE	D	Ba	ltimore	County	/	MD.	
1	10 CI	ITY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION		SUAL OCCUPAT		126 KIND C	F BUSINESS OR	
/	2.71.7	ssville		Frankli	n Square	Hosp.	ital					Stainless	
2	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY Maryland Baltim			OTHER INSTITUTION TY TOTE	13c. CITY OR TOW Rosedal	N	138 INSIDE CITY LIMITS		13e.STREET ADDRESS / ZIP CODE 509 Patuxent Avenue 212				
1	-	ATHER'S NAME					15 MOTHER'S MAIDEN		MIDDLE	CIIC TIVE			
IJ	Fr	rank		C.	Brown		Elizabe	Ott					
	16a. V	VAS DECEASED EVER	MED FORCES?				2011	M. ADDR	ESS	00			
	No	YES, NO OR UNKNOWN)	[IF YES, GIV	E WAR OR DATES)	220-14-	3843	Rosalee C.	. Goll	ar	Same		3e	
7	CERTIFICATION	Conditions, if ony, gave rise to imm cause to in, statin underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERA	nediote g the last.	DUE TO, O  (c)  CONDITIONS CO		ENCE OF	NOT RELATED TO THE TE		AUTOPSY?	20b IF YES, V	GIVEN IN PART 110  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?		
	RTB								YES NO YES NO				
1		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DE	HOUR A.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCC	ITER NATURE OF INJU	RY IN ITEM 18 PART	T I OR PART 2)			
	MEDICAL	21d INJURY OCCURE  WHILE NOT WHAT WORK AT WORK	RED	21a. PLACE			211 LOCATION STREET		CITY OR TO	)wN	COUNTY	STATE	
		saw the decease abave, (M(we) (c	ed alive an	April	6, 19		nd that in (🎉) (our) opin	35, to nian death o		-		that <b>X</b> I (we) last couses stated	
		226. SIGNATURE  SAU  226. PHYSICIAN'S NA	LOLOU AME (TYPE C	MU PR PRINT)	luer	И	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	G MED	ICAL STA		22c. DATE	6/85 21122	
		1		Milne		D	5400 0		Court A	of Re	anda	listour	
	23a E	BURIAL, CREMATION,	REMOVAL	23b DATE	230	NAME OF C	CEMETERY OR CREMATO	RY 23d.	LOCATION CITY OR TOWN		COUNTY	STATE	
	Bu	rial		4/10/1		Garde	ns Of Faith		altimor			Maryland	
	24 FI	UNERAL DIRECTOR D	uda-1	Ruck, In	IC. ADDRESS		25a.	DATE REC'D	BY REGISTRAF	25b. REGISTRA	AR'S SIGNAT	TURE	
	79	22 Wise Av	enue	Dunda	lk, Mary	land	21222	1 11 11	0000	V			

DHMH - 16 50M 4/83 (VRA 15, 4)







20M 4/82

STATE OF MARYLAND

A SOLD WAS INCOME. And the second s - Legron's and strong of marries . 1 MARILES g shamped that thesity of mercanical and the second 

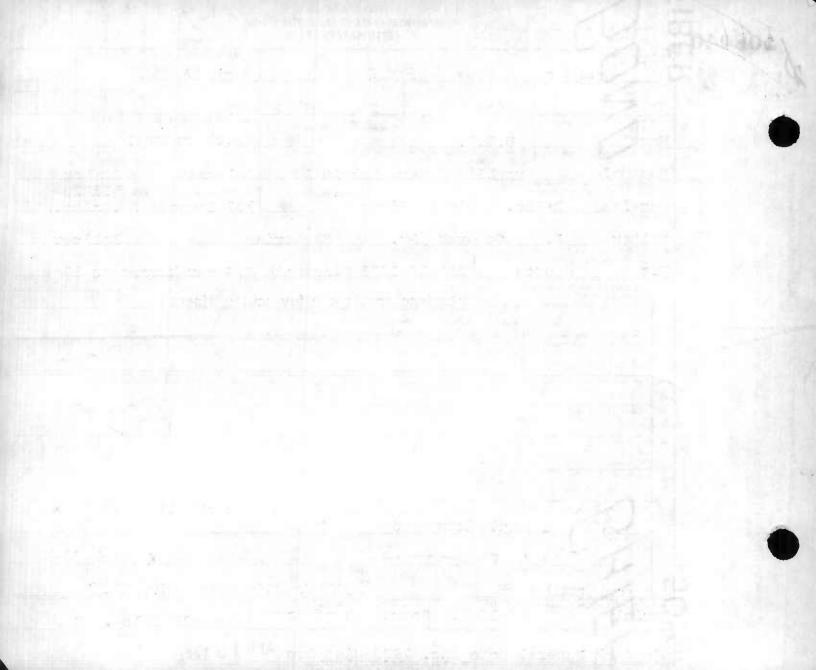
1	FOR = STATE REGISTE	RAR	ME		MENT OF HE	ALTH A	RYLAND ND MENTAL RTIFICATE		TH REG.	5 <b>Ö</b>		
01000	DECEASED TYPE OR PRINT		L	MIDDLE J.		GEPH	ARDT	2	DATE KNOWN OF ESTI- DEATH MATED			2b HOUR
DIRECTOR PLANTS	Male_	4 RACE White	5 DATE OF BIRTH	1962	6 AGE (IN YEARS LAST BIRTHDAY) 22 YRS.	IF UNDER	DAYS HOURS	MIN. P	C DATE RONOUNCED DEAD	4-3-8	19	12:40 am <sub>M</sub>
SAN SERVICE SE	FOREIGN CO		U.S.A.		v	VIDOWED		CED C	Baltimore CIT	e County	(IND OF BU	MD
1000	Tows		Battimo	Battimore Costree Detention Center Janiter							or indust	RY
130	SUAL RESID STATE Maryl	13b CO			OR TOWN	13d	INSIDE CITY LIMITS?		et address Villowspr	ing Road		21222
	FATHER'S FRST Josep	oh	WIDDIE	Geph	ast nardt	ı	Mother's Mall	DEN NAME	MIDDLE		mith	
/	(YES, NO, OR	CEASED EVER IN U.S., RUNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-	1AL SECURITY N -94-139(		INFORMANT Joseph G	epharo	ADDRE	Same as	s 13e	
MENICAL CENTRAL CANADA CENTRAL CANADA CENTRAL	go co lyi	Conditions, if ony, which gove rise to immediate couse (a) stating the under-lying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.										
7	19a. DA	ATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED?							AUTOPSY YES X	? NO []
NOTE OF THE PARTIES O	210 EX UNDER CONTR	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE C	F DEATH 12:46	AM 4-	3-85	sub	ject for		nging in	_	1	
1		21d. INJURY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF INJURY (AT HOME. STREET, EAGTORY, FART (IC.)  Jan Century  (AT HOME. STREET, EAGTORY, FART (IC.)  Jan Century  (AT HOME. STREET, EAGTORY, FART (IC.)  Jan Century  (AT HOME. STREET, EAGTORY, FART (IC.)  Kennilworth Drivetty or tow Towson, Marryland state  Kennilworth Drivetty or tow Towson, Marryland								STATE		
}	death ACTUA SIGNA	22a   Certily that I taak charge of the remains described above, held on Autopsy X, Inspection Inquiry ond in my opinion death resulted from: Natural causes Accident, Suicide X, Hamicide Undetermined manner,  TITLE (SPECIFY)  AND ASSISTANT MEDICAL EXAMINER  SIGNED  ADDRESS.										
	BURIAL, C	REMATION, REMOVA	4/3/1985		AME OF CEME	ERY OR CI			ATION RIOWN 1timore	COUNTY		TATE land
24	FUNERAL	DIRECTOR Duda- Wise Avenu	Ruck, Inc.	s	aryland	212	A D	E REC'D. BY F	REGISTRAR 256 RE	GISTRAR'S SIGNAL Davidson-1	ATURE	

Quda-Ruck Funeral Home inc. 7922 Wise Ave

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



- STATE

STATE OF MARYLAND (\$ 5)
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

DECEASED NAME MIDDLE 20. DATE OF DEATH 2b. HOUR John Joseph **GFRST** 1. 1985 3 SEX 4 RACE 5 DATE OF BIRTH 6/5/86 Male Cauc. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto., Md. USA Baltimore County WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Franklin Square Hosp. Farmer Self-Employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 5103 New Gerst La, PerryHal Md. Balto. Perry Hal NO X 14 FATHER'S NAME 21128 Peter Gerst Mary Butt In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 213-38-9234A Catherine B. Mestl, 9311 New Gerst Rd Perry Hall, Md. 21128 RETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiac Arrhythmia Conditions, if ony, which gove rise to immediate couse tot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE March 26, 220.1 certify that (X (this hospital) attended the deceased from April 1 85\_, and that in () (our) apinion death accurred on the date and hour and from the causes stated DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Rachel Hamilton M.D. 9000 Franklin Square Dr., 21237 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 4/3/85 Belair Memorial Burial Belair, Md. 24 FUSChilliunek Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 9705 Belair Rd., Balto., Md. 21236

DHMH - 16 60M 7/84 (VRA 15, 4)

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On the law requires that the deoth certificate be executed within 24 haurs after despricion.	icate has been ugned by the Enending physician and Europlately filled in by the framity permit. Then please remove carbon popers, Engels I and 2 should be they with
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2.5	icote ho
4	2.2
2.5	8 6
2.4	- P. P. C.

- STATE REGISTRAR

I. DECEASED NAME

Male

no

CERTIFICATION

MEDICAL

BIRTHPLACE ISTATE OR FOREIGN

(TYPE OR PRINT)

3 SEX

## STATE OF MARYLAND

DEPARTM	TENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.								
NIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	R			
₹.	GIBSON	April	12.	19	985	6:4	5 a <sub>M</sub>			
	5. DATE OF BIRTH	& AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS			
sian	8-31-1918	66 yrs	YRS.	MONTHS	DATS	HOURS	MIN.			
WHAT COUNTRY?	8	9 BALTIMORE CITY	OR COUNT	YOFDE	ATH					

MARRIED X NEVER MARRIED Washington USA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital Baltimore

12b. KIND OF BUSINESS OR INDUSTRY Elevator Oper Cont. Can

SUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE GEFORE ADMISSION 130. STATE Md. Balto. FATHER'S NAME

4 RACE

Cauca

75 CITIZEN OF

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4806 Bowland Avenue 21206 YES X NO 15 MOTHER'S MAIDEN NAME

Baltimore County

William Gibson WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN

FIRST

Llovd

17 INFORMANT 16b. SOCIAL SECURITY NO

ADDRESS

18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF

Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

Severe Ischemia Cardiomyopathy

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

71h TIME OF INJURY 718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM

HOUR A.M. MONTH DAY YEAR

85

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Marie Bolme

403-26-6168A Mary Gibson same address

IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

20b. IF YES, WERE FINDINGS USED

wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21d INJURY OCCURRED 71e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, FARM, ETC.) NOT WHILE

Canditions, if any, which gove rise to immediate cause (a), stating the

underlying cause last.

19a DATE OF OPERATION

211 LOCATION STREET

STATE

sow the deceased alive on April 12 22b. SIGNATURE

22a.1 certify that & (this haspital) attended the deceased from

DEGREE 22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

\_\_ and that in tage (aur) apinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

NOX

CITY OR TOWN

22c. DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OR PRINT) G. Cavanagh, M.D.

9000 Franklin Square Drive, 21237

230. BURIAL CREMATION, REMOVAL 236, DATE Burial

4-15-85

231. NAME OF CEMETERY OR CREMATORY Holly Hill Cem.

Balto., Md.

COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

<sup>74 FUNERAL DIRECTOR</sup> Schimunek FuneralomHome, Inc. 3331 Brehms Lane, Balto., Md.

21213

256 DATE REC'D BY REGISTRAR BOS GISTRAR SCIONATURE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	REGISTRAN				ICAIL OI DEA		RI	EG. NO.		
	CEASED NAME FIRST		MIDDLE	Į.	AST	-	20. DATE OF DEA		DAY YEAR	2b. HOUR
	JOSEPH	FRAI	VLKIN		GLASER		4/23/	85		5:10AM <sub>M</sub>
1. SE	K	4. RACE		5. DATE C		YEAR	AGE (IN YEARS I	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Ma	ale White			Oct		09	75	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	XX NEVER MARK	RIED D	BALTIMORE C			
	ryland	U.S.A		WIDOWE	D DIVOR	CED 🗆	Baltimo	re Count	,	MD.
10.14	TY OR TOWN OF DEATH WSON		dical Cer	FEI INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY  Plumbing					
Ma			134. CITY OR TOWN 21234					RESS / ZIP COD Greenv	e Vay Rd.	21234
1	Harry Harry	WIDDLE	Glaser		15. MOTHER'S MA Edi		M.		Baldwir	ì
0	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUE		17 INFORMANT	D .		ADDRESS T		D.3
No			215-09-	9070	Gracia	. В. (	Glaser	0432-1		IWay Rd
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last  PART 2 OTHER SIGNIFICANT Set	R AS A CONSEQUE  R AS A CONSEQUE  DIVIDING TO D  PRIOSCLET  ITION FOR WHICH (	NCE OF	and hyper	ctensi	NAL DISEASE OR  Ve card  200 AUTOPSY  YES XX NO	iovascu]	VEN IN PART III  Lar dise  S, WERE FINDII  IFYING CAUSES  FS KX	ase NGS USED	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Attr	F INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY	Y OCCURRE				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET		СП	YORTOWN	COUNTY	STATE
	270. I certify that (II (this hospital) attended the deceased from 4/9 19.85 to 4/23 sow the deceased olive on 4/23 19.85 above, (I) (we) (did) (did not view the body after death of DEGREE ATTENDING MEDICAL STAFF XX							22c. DATE		
	Rudiger/Breit		27e ADDRESS 6701 N.	Charl			Md. 21	.204		
24 FL	Burial, cremation, removal ntombment uneral director .lliam E. Joh	4/25/	/85 Du	lane	emetery or createry Valleven Bl.	y Mei	REC'D. BY REGIS	more (		state Lryland URE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT; If Hem 21 is morked or Hem 18 shows ony injury, ar other troumotic event, th

TERMS OF THE PROPERTY OF A COUNTY OF THE PROPERTY OF THE PROPE The state of the s the promoter which transle to alread by the third. minument to 25, and according Time and a second of the state of The state of the second of

	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND 👸 📑 EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	न न			
2108080	(TYPE	CEASED NAME CARST OR PRINT)			Thu AN	20 DATE OF DEATH MONTH	PAY YEAR 7 SS	21.99.USO P.		
	-	X XXXXXXX FEMALE RTHPLACE (STATE OR FOREIGN	4 RACE WHITE 75 CITIZEN OF WHAT COUN	TDV2 II	. 20, 1893	6. AGE (IN YEARS LAST BIRTHDAY)  91  9. BALTIMORE CITY OR COUNT	MONTHS DAYS	HOURS MIN.		
War.	1	NEW YORK	USA	WIDOWE		BALTIMORE COUNTY				
. 1 15	J	RANDALLSTOWN	I I' NAME OF HOSPITAL, NU (IF NOT IN SUCH FACRITY, GIVE S BALTIMORE COU	INTY GEN		(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	OME			
AND 213	13a S	AL RESIDENCE (IF MURSING HOME OR STATE 135 COUN MARY LAND	ROTHER INSTITUTION, GIVE RESIDENCE NTY BALTIM	TOWN	13d INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP COL 3601 FORDS LA	X-	. 502 215		
MARYL and within		ADOLPH	MIDDLE GARD	NER	15. MOTHER'S MAIDEN NA LENA	MIDDLE	GLAS	SBERG		
BALTIMORE, costs be execut opers Pages my free factor	169	VAS DECEASED EVER IN U.S. AR  OR UNKNOWN)  (IF YES, GIV	ve war or dates) 166 SOCIAL 219-16	5=7685	17. INFORMANT MR 2538 FARRIN	. EDWINATERYY GDON RD. BALT	го., мр	21209		
201 W. PRESTON ST., es that the death certif- ned by the attending ph please remore corbon used, as other fraumatic eve	NOI	Conditions, if ony, which gove rise to immediate cause  01, stoting the underlying couse lost	is UKERS	IVEN IN PART 11	0					
At RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO		YES NO	ES, WERE FINDIF IFYING CAUSES (ES ]			
DIVISION OF VITAL RECORDS, O HOSPITAL OR ATTENDING PHYSICIAN, The law required by the hospital or entending physician. O FUNERAL DIRECTOR, After this certificate has been significant be described for use to the burial reconstripermit. Then with the State Dest of Health and Mental Hygiene price to be MPORTANT, if frem 21 is marked or frem 18 shows ony injury	MEDICAL	776. SIGNATURE  726. PHYSICIAN'S NAME (TYPES	ATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OF  attended the deceosed for  attended the deceosed for	19 FFICE, FARM, ETC)  OOT  19  N	211 LOCATION STREET  19 SS and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  12426 GROENA		COUNTY			
BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	APR.9,1985	CHIZUK	EMETERY OR CREMATORY AMUNO	BALTIMORE		RYLAND		
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	Wieral Director Wante Lunson 7.	Bros 600	Keisters	4 40 40	R 1 6 1985	Y . 1	infalls		



_		FOR
1	-	STATE
-		DECISTRAD

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO LAST 20 DATE OF DEATH 2b HOUR 1. DECEASED NAME FIRST (TYPE OR PRINT) OLGA GOODENOUGH 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 3. SEX DAYS 15 1899 Female White 85 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Hungary Count U.S.A. WIDOWED X DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Govt. Clerk Typist Catonsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSCRIPTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 1203 Oakland Court 21227 Arbutus Maryland YES [ NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Ado1ph Frindt Kuzma Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-14-2118 NO Betty Mack 1203 Oakland Ct. 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) and (c) PART I. DEATH WAS CAUSED BY. ATTALIC Can IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), slating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITION ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Its 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 718. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE STREET CITY OF TOWN (AT HOME STREET FACTORY OFFICE, FARM FTC.) NOT WHILE 22a | certify that (I) (this hospital) attended the deceased from saw the deceased alive on\_ and that in (my) (our) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED 226 SIGNATURE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S 22e ADDRESS MARRICE EL MOLLIONS

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL 4/9/85 Burial

23c NAME OF CEMETERY OR CREMATORY

Baltimore Natl. Cem. Baltimore

Maryland

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



106029 FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

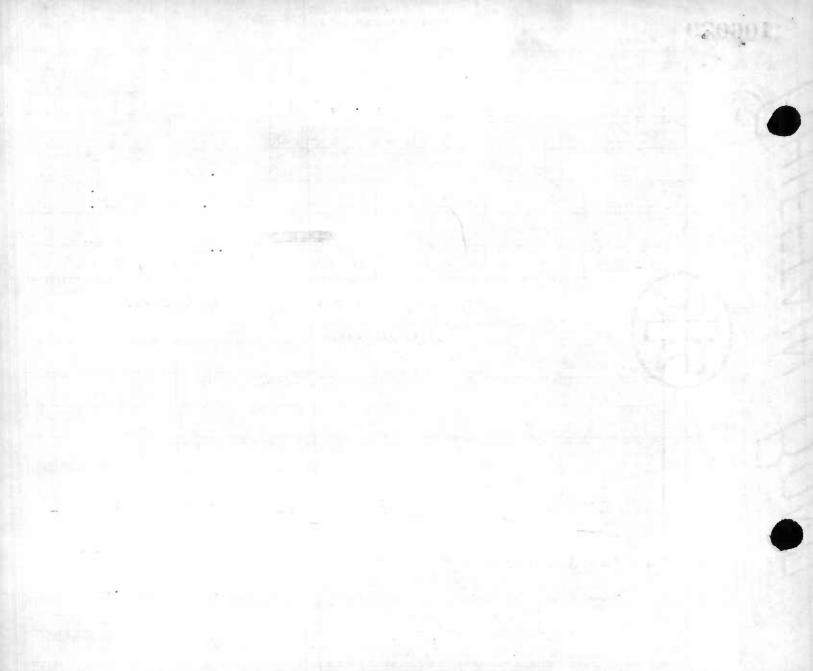
REGISTRAR							R	G. NO.			
1 DECEASED NAME	FIRST		MIDDLE	L/	AST		20 DATE OF DEA	TH MOI	NTH D	AY YEAR	26 HOUR
( · · · · · · · · · · · · · · · · · · ·	NORM	AN	В.	GOODM	AN		APRIL	4,	198	5	10:03A N
3. SEX		4 RACE		S. DATE O		WE AR	6 AGE IN YEARS	AST BIRTHDA	(Y)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
MALE		CAUCA	ASIAN	SE	PT. 8,	1924	6	0	YRS.	DATS	MIN.
BIRTHPLACE (STAT		L CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MA		9 BALTIMORE	ITY OR C	OUNTY	OF DEATH	
MARYLAN	D	USA		WIDOWE	D DNO	ORCED XX		'IMOR		_	ME
18. CITY OR TOWN OF		IF NOT IN SI	ICH FACILITY GIVE	JURSING HOME O			LITYPE OF WORK FOR	MOST OF WO	ORKING LIFE	C126 KIND C	OF BUSINESS OR
BALTIMOR		VALLEY	NURSIN	NG & CONV	ALESCEN	T CENT	ER INS.	ADJUS	STER		URANCE
SUAL RESIDENCE (IF MARYLAND	TIRE TALIN	OTHER INSTITUTION	BALT I	E BEFORE ADMISSION) R TOWN MORE	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDI	RESS / ZI	P CODE HERN	APT. PKWY.	701 21210
14 FATHER'S NAME					15 MOTHER'S	MAIDEN NAM	ΛE				
WILI	LIAM	AIDDLE	GOO	DMAN	1	PST SE	CELIA	DLE	M	IARKOWI	
160 WAS DECEASED E			166 SOCIAL	L SECURITY NO.	17 INFORMAN		OLPH H.		IAN		
YES - WWI	I ARM	WAR OR DATES)	219-18	3-5601A	236 TH	E ALAMI	EDA SAN	ANSE	LMO,	CA 9	94960
18 CAUSE OF D	EATH (Enter on)	y one couse pe	er lige for (a),	(b), ond (c)	,					APPROX	ONSET AND DEATH
PART I. DEA	TH WAS CAUSED	BY: CAUSE (0)	aster	insclove	Az con	mar	1 orteru	De	1911	4	
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		DUE TO, C	DR AS A CON	SEQUENCE OF		/					
Conditions, if gave rise to		(b)_		Hyperde	neur					-	
cause (o),	stating the	DUE TO	DR AS A CON	SEQUENCE OF							
underlying c	ause lost.	( (c)									
PART 2. OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR	CONDIT	ON GIVE	N IN PART 1:	0
	A										
NO DATE OF OP	PERATION	196 CONE	DITION FOR V	VHICH OPERATION	WAS PERFOR	MED	20a AUTOPSY			WERE FINDI	
AND THE OF OR TH		1					YES TO NO		CERTIFY YES	ING CAUSES	OF DEATH?
210. ACCIDENT WA	S UNDERLYING		OF INJURY		21c. HOW INJ	JRY OCCURR	ED (ENTER NATURE				
0.0.00	MEDICAL EXAMINER	n	a.m. monti p.m.	H DAY YEAR							
OF CONTRIBUTING  (IF EITHER NOTIFY  21d. INJURY OC		21e. PLACE	OF INJURY		21f LOCATION	1				COUNTY	
AALITE N	OT WHILE	(AT HOME, S	TREET, FACTORY (	OFFICE, FARM ETC )	STREET		(11	ORTOWN		COUNTY	STATE
	ot (I) (this hospit	ol) ottender t	he deceased	from	b.	19 82	_, to	-4	1	905	that (I) (=e) last
saw the de	ceased alive an	4-	. 1	_19	d that in (my) (	opinion d	leath accurred an	the date	and have	and from the	causes stated
27% SIGNATURE		1/1000	y difer death.		DEGREE					22c. DATE	SIGNED
Then	1 (1)	tings	und	u us		TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF	1	4/4	/85
22d. PHYSICIAN	'S NAME (TYPE OF	PRINT)			22e ADDRESS	THE PART CO	, omeeron B				,
	MARIAN K	OWALEW	SKI				ORD RD.		BAL	TO., M	ID
23a. BURIAL, CREMATI	ION, REMOVAL	236 DATE		23c NAME OF CI			23d LOCATIO			COUNTY	A A NAME
BÜRTAL		4/5/		CHIZUK	AMUNO C		BÄLTI				YLAND
24 FUNERAL DIRECTO						25a. DATE	REC'D. BY REGIS	IBAR 256	REGISTR	AN PLE BAN	WHITE BE
6010 REIST	CERSTOWN	RD. B	ALTIMOR	E MARYLA	ND 2121	5 APT	4 1 1 190	O .			

6010 REISTERSTOWN RD. BALTIMORES, MARYLAND 21215

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.



#### FOR - STATE REGISTRAR

SHIRLEY

1 DECEASED NAME (TYPE OR PRINT)

3 SEX

	Di	EPARTMENT OF H	OF MARYLA EALTH AND N ICATE OF D	NENTAL HY		0 1	4	1		
	MIDDLE	£.	AST		20 DATE OF DEATH	MONTH	DAY.	YEAR	26 HOUR	
Z	MAE		GOOD	RICH		04	23	85	1:00	PM
4 RAC	CE	S. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTH MONTH	DERTYEAR	# UNDER 2	
	WHITE	02	28	33		52 YRS		DAYS	HOURS	MIN.
76 CIT	IZEN OF WHAT COL	UNTRY? 1.	NEVER M	ADDIED []	9. BALTIMORE CIT	OR COUN	ITY OF I	DEATH		
	U.S.A.	WIDOWE		ORCED	BALTIMOR	E COU	NTY			MD.
	IAME OF HOSPITAL,		R OTHER INST	TUTION	17a USUAL OCCUP				F BUSINES	SOR
116	F NOT IN SUCH FACILITY, GI	SIDE AVEN	IE. 212	27	SALESCLE			ETAI	L SAL	ES
	INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION)					1-			
ITY EMO	DE LIATI	ETHOR PE	13d. INSIDE CI	TY LIMITS?	1701 WOO			MIE	2122	7
LUIO	KE   HALI	ELHORLE	15. MOTHER'S		1 22 / 2 22	DULDE	TIVE	INOII,	4144	
AIDDLE		AST		IRST	MIDDLE	E		CACTO		
AED E	CRCES? 166 SOCI	AL SECURITY NO.	17_INFORMAN	RIE	M.	DRESS		SMIT	н	
	OR DATES)	AL SECURITY NO.								
	212	<u>-30-1773</u>	JESSE	W. GOO	DRICH 1701	MOOD	SIDE			122
y one	couse per line for (o)	, (b), ond (c).)		Α			-	BETWEEN	MATE INTERV	EATH
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1	UE TO, OR AS A CO	NSEQUENCE OF								
1	(c)	1020021102								
OND		NG TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR CO	NOITION	GIVEN IN	PART 1	O I	
11	96. CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	RMED	70a AUTOPSY?				NGS USED	
					YES TI NOT	_	YES	CAUSES	OF DEATH	12
	16. TIME OF INJURY		21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART I	OR PART 2)		
тн	HOUR A.M. MON									
21	P.M. Te PLACE OF INJURY	. 19	ZIÍ LOCATIO	N						
	AT HOME, STREET, FACTORY		STREET		CITY O	RIOWN	(	OUNTY	St	ATE

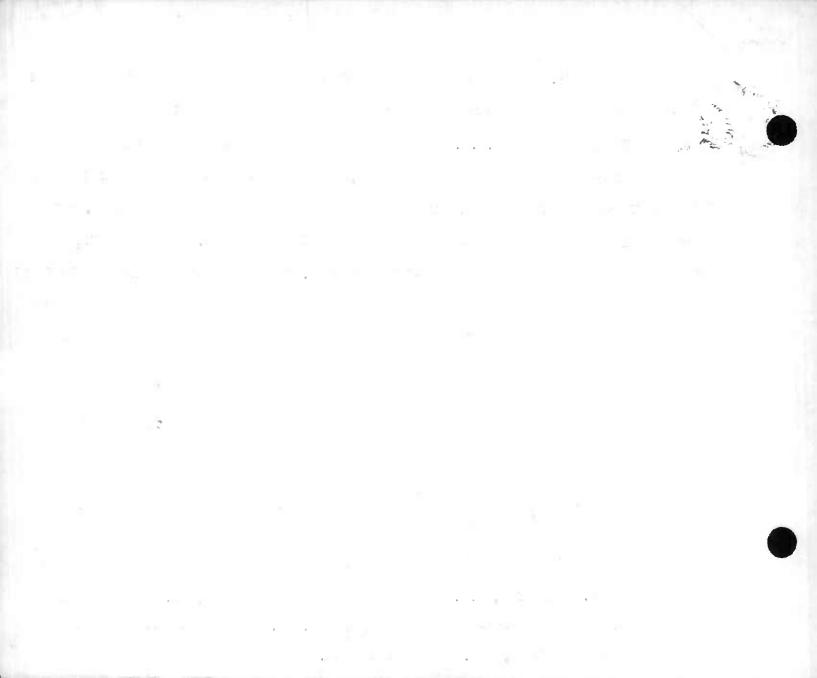
FEMALE BIRTHPLACE (STATE OR FOREIGN 76. CIT 12 COUNTRY) MARYLAND 10 CITY OR TOWN OF DEATH 11, NA | IF N HALETHORPE USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 13a, STATE 136 COUNTY BALTIMOR MARYLAND 14. FATHER'S NAME FIRST MIDDLE LOUIS medicol 160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR NO or other troumotic event, th 18 CAUSE OF DEATH (Enter only one co PART I, DEATH WAS CAUSED BY IMMEDIATE CAUS DUI Conditions, if ony, which gove rise to immediate couse (o), stoting the DU underlying cause lost PART 2 OTHER SIGNIFICANT CONDIT CERTIFICATION buriol-tronsit permit.
Mental Hygiene prior 19a DATE OF OPERATION 19b shows 216. ACCIDENT WAS UNDERLYING 21b 21 is morked or Item 18 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER) 214. INVERY OCCURRED 21e ided the defeated fight should be detoched for u with the Store Dept. of Hi IMPORTANT; If Item 21 is and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE **ATTENDING** MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 11195 OF FEB. 77e. ADDRESS DIANA H. GRIFFITHS ONCOLOGY DEPARTMENT AGNES HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OF TOWN BUR LAL COUNTY 04-26-85 MEADOWRIDGE MEM. MARYLAND PK. ELKR IDGE HOWARD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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(VRA 15, 4)

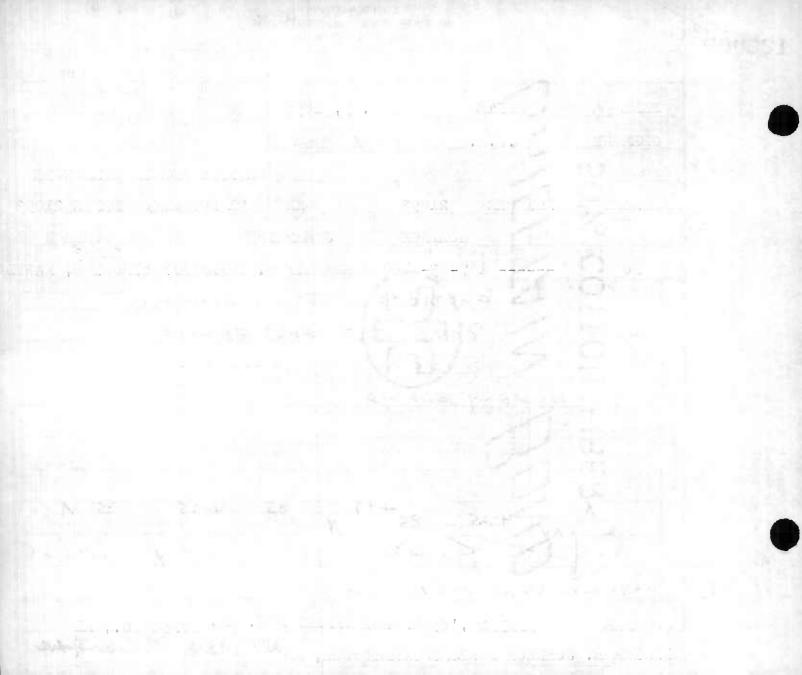
DHMH - 16 50M 4/83

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



STATE OF MARYLAND

FOR



- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME 26 HOUR Emily Merryman Gorman (TYPE OR PRINT) April 26, 1985 ORMAN 9:30PM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5 DATE OF BIRTH MONTH November 13,1889 95 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED T Baltimore County 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORKING LIFE) INDUSTRY 19105011 Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN Baltimore 13e.STREET ADDRESS / ZIP CODE 14 Staghorn Ct. 21030 13d. INSIDE CITY LIMITS? Maryland Cockeysville 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Ellwood EIRST MIDDLE John Merryman Emily Aielene Hev1 166 SOCIAL SECURITY NO 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. James Clifford 922 Starbit Rd. 21204 No 215-24-8737 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lang for (o), (b), and (c) releere PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Cardy a scular de 10 ave Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART ?) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.t certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 22b. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) a tar 23¢ NAME OF CEMETERY OR CREMATORY 73d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE CITY OF TOWN COUNTY STATE (SPECIFY) Burial 4-29-85 Druid Ridge PikesvilleBaltimoreMaryland 250. DAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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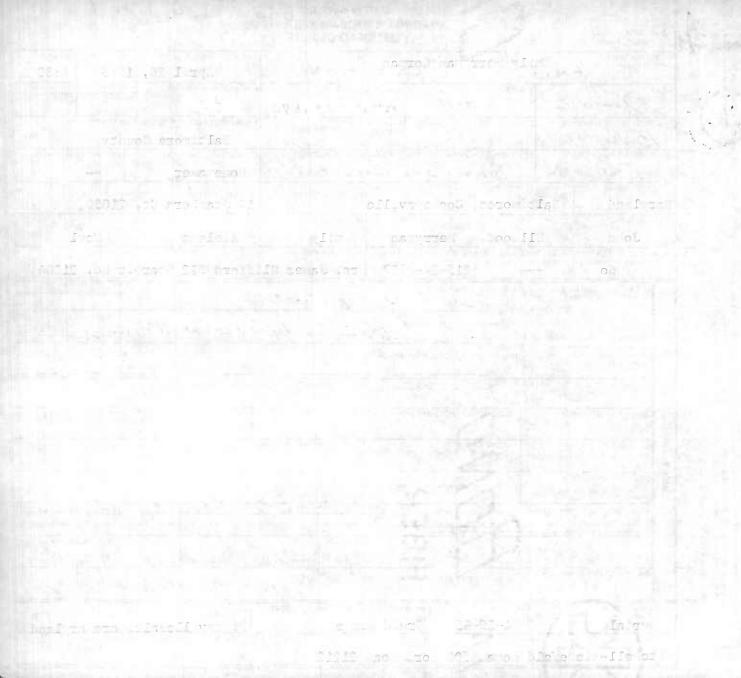
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Mitchell-Wiedefeld Home 6500 York Road 21212

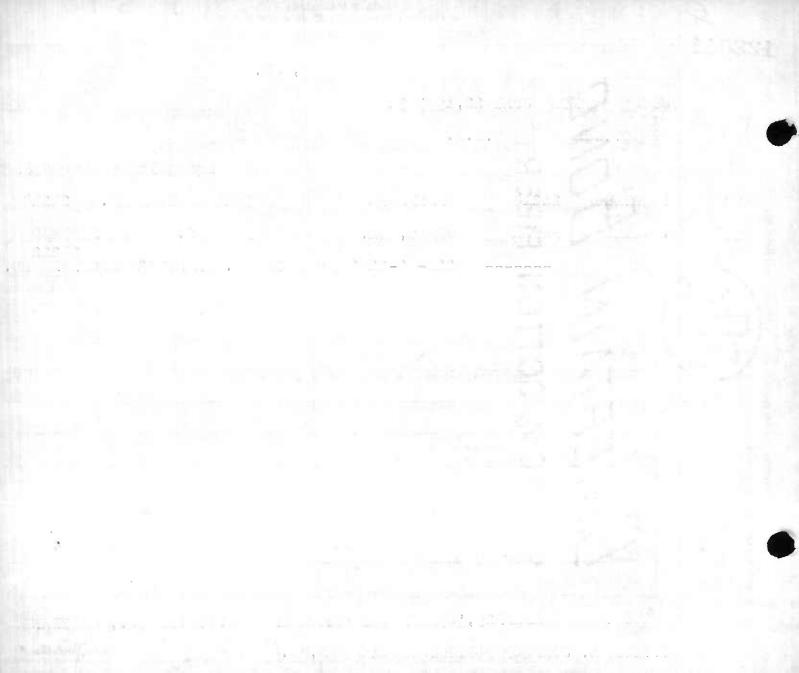
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moy be poge 3	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 23. HOUR LAST 22. DATE OF DEATH MONTH DAY YEAR 23. HOUR 23. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR 16. MONTHS DAY YEAR 16. MONTHS DAY HOURS MIN.
nergy director	MALE WHITE 4-97-12 TEAR TO THE POWER MAIN.  70. BIRTHPLACE W. GOODLAIN 976 CITIZEN OF WHAT COUNTRY? BARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH  CAPTOLL Cnty, Md U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY, MD.
hours ofter d	ID. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  12.
MARYLAND ed within 24 ond 2 she esyominer m	13 STATE Md. 13 Call'imore 13 Callons ville 13d. INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE 14. FATHER'S NAME FIRST MIDDLE LAST NOTHER'S MAIDEN NAME FIRST MIDDLE LAST NOTHER'S MAIDEN NAME JOIN AND LAST NAME JOIN AND LAST NOTHER'S MAIDEN NAME JOIN AND LAST NOTHER'S MAIDEN NAME JOIN AND LAST NAME JOIN AND LA
e be execute cton and cor ers. Pages 1 	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT Catonsvillagoress Md. 21228.  (NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 165-09-6431 Mrs. Agnes L. Gosnell-721 Edmondson
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physicion.  When this certificate has been signed by the oftending physician and completely led as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 shoth and Mental Hygtene prior to burial, cremostion, or removal.  orked or them 18 shows ony injury, or other traumatic event, the medical examiner management.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0.
ON OF VITAL RECORD TYSICIAN: The low req ding physicion. S certificate hos been s buriol-roast permit. Th Mental Hygiene prior to re then 18 show ony inje	ATRIAL FIBRICATION   PT CAA .  190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES   NO   YES   NO   YES   NO    100 CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. MONTH DAY YEAR   P.M. 19
TENDI TOR: A or use or use or use	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  NOT WHILE AT WORK  AT WORK  AT WORK  220 I certify that (1) (this hospital) attepded the deceased from 19 07 19 00 10 10 10 10 10 10 10 10 10 10 10 10
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT Should be detoched? with the Store Dept. owith the Store Dept. owith the Store Dept. or t	2726 SIGNATURE  JOHNS SIGNATURE  JOHNS SIGNATURE  JOHNS SIGNATION OF MEDICAL STAFF  PHYSICIAN OF DIRECTOR OF PHYSICIAN OF CONFIDENCE
BP DHMH - 16 50M 4/83	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOROWN COUNTY HIS STATE COUNTY Burial 4/19/85 Crest Lawn Gardens of Mem.—Howard Cnty. Md. 24 FUNERAL DIRECTOR Sterling Funeral Ress Estate, P. A 25d. DATE RECD. By REGISTRAR'S SIGNATURE 736 Edmondson Ave.; Catonsville, Md. 21228.
(VRA 15, 4)	1750 Eumonason Ave.; Catonsville, Ma. 21228.

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STATE OF MARYLAND



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STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR LITYPE OR PRINTS CLAUDE AGE (IN YEARS LAST BIRTHDAY) 3 SEX Sept. 24,1919 White Male 65 TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ASTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRYLand USA BALTIMORE COUNT DIVORCED WIDOWED OF CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Western Millwright USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Balto. Towson 1660 Yakona Rd. 21204 NO X 15 MOTHER'S MAIDEN NAME FATHER'S NAME Harry Edward Green Edna Schoelkopf 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 218-05-5869 Virginia M. Green Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY RESPIRATORY INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF MASSIVE PINEUMONITIS AND CARCINGMA OF LUNG Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR LOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220 I certify that X (this hospital) ottended the deceased from 55, and that in (M) (aur) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on abave, Vi (we) (did) (W) will view the bady after death. 22h SIGNALLE DEGREE 22c DATE SIGNED ATTENDING MEDICAL **PHYSICIAN** DIRECTOR PHYSICIAN 22e ADDRESS REYNALDO OR WELA-GOMEZ, MA-ROAD 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Buria1 rimonium, Balto. Co., Md. 4/29/85 Dulaney Valley

DHMH - 16 60M 7/84 (VRA 15, 4)

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6500 York Ra DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto. 21212

THE CHARGE IN CREEKS TO BE SHOULD BE 

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN. The law

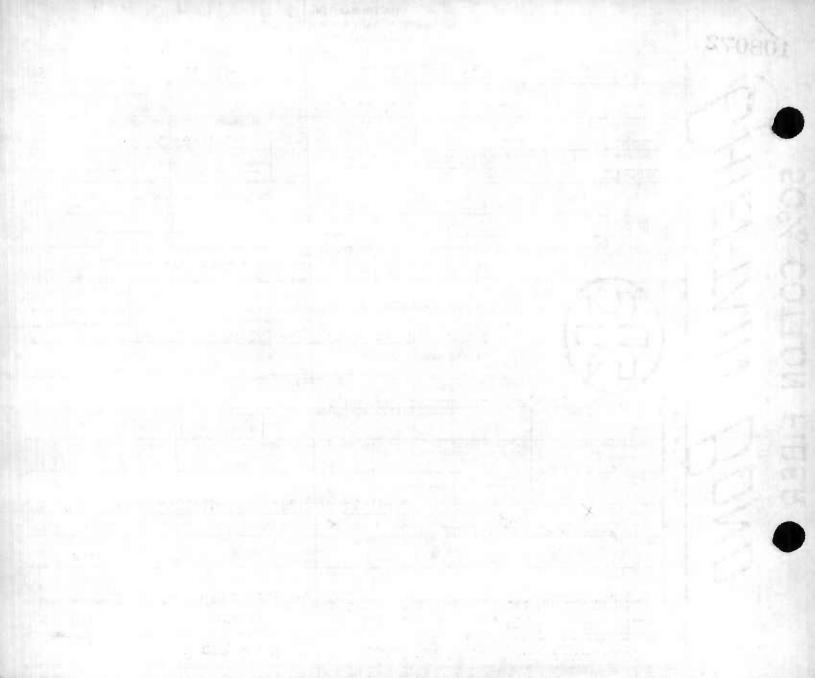
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	8	5,	J	P
	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and cyapletely tilled in by the	should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 s and 11 the three	1	10
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retained by the hospital or attending physician.				
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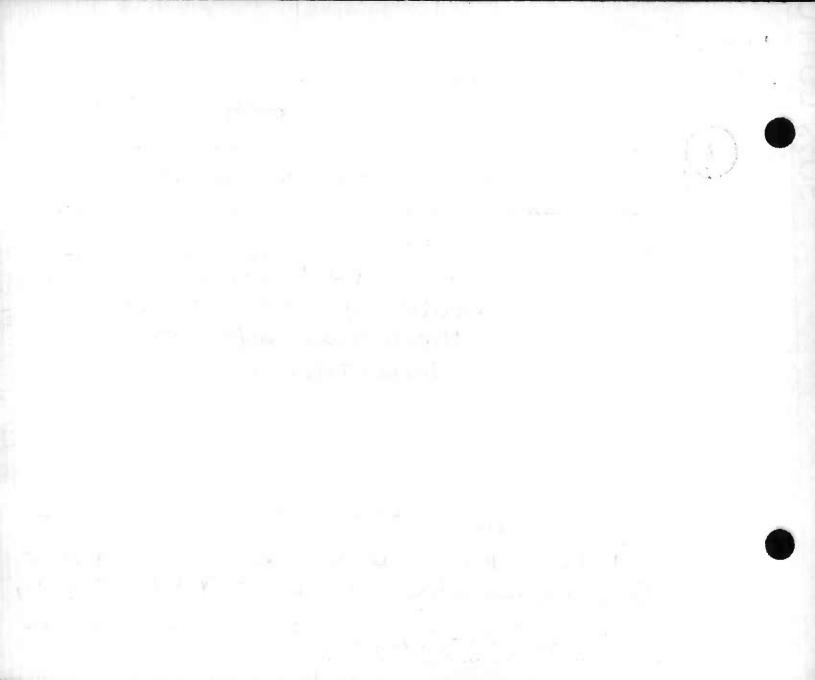
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND 8 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	F	REG. NO.			
. DECEASED NAM	NE FIRST		MIDDLE	ı	AST	20 DATE OF DE	ATH MONT	TH DAY Y	EAR	26 HOUR
(TYPE OR PRINT)	Wilbur		ale		FITH	April	11,	1985		11:35A
B. SEX	8	4. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY			HOURS MIN.
MALE		WHITT	$\Xi$	APRIL	22 1920	64		YRS		
BIRTHPLACE ( COUNTRY) PFNNA		USA	WHAT COL	MARRIE WIDOWE	NEVER MARRIED	_		County	TH	MD
BALTIMO	OF DEATH	IF NAME OF I	LIN SO	NURSING HOME C VESTREET ADDRESS) QUARE HOS	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR MEAT CU	CUPATION R MOST OF WOR	12b. K INDU	STRY	BUSINESS OR OD STOE
MD.	E (IF NURSING HOME OR	OTHER INSTITUTION TY	13c CITY C	CE BEFORE ADMISSION) OR TOWN IMORE	13d. INSIDE CITY LIMITS?	5015 E.	RESS / ZIP	LE ST.	2120	)5
FATHER'S NAMI		GRI	FFTTH	AST	15. MOTHER'S MAIDEN		FR	ANKHOUS	ER AST	
60 WAS DECEASE	ED EVER IN U.S. ARA		166 SOCIA	AL SECURITY NO.	17 INFORMANT		ADDRESS			
IYES, NO OR UNKN	(IF YES, GIVE	WAR OR DATES)	185-	18-1452	AGNES GRIFT	FITH (WIFE	) SAM	E ADDRES	SS	
Canditions, gove rise cause (o), underlying	if ony, which to immediate , stating the couse lost	DUE TO, O  DUE TO, O  DUE TO, O	Care R AS A COM Severe	diopulmor NSEQUENCE OF E Chronic NSEQUENCE OF	odry Arrest  Obstructive			ease		ATE INTERVAL
Sei:	zure Diso	rder, P	seudor ITION FOR	monas Pne	PUMONIA N WAS PERFORMED	20a AUTOPS' YES □ N	Y? 20b.	. IF YES, WERE F CERTIFYING CA YES []	FINDING AUSES C	
210. ACCIDENT OR CONTRIBUT (IF EITHER NO 21d INJURY) WHILE AT WORK	T WAS UNDERLYING TING CAUSE OF DEADTHEY MEDICAL EXAMINER OCCURRED  NOT WHILE AT WORK	P. 21e PLACE	M. MON' M. OF INJURY	TH DAY YEAR 19 OFFICE, FARM ETC.)	211 LOCATION STREET		OF INJURY IN IT	EM 18 PART I ORPA		STATE
	that (this haspited deceased olive and (we) (did) (and and				nd that in (🍂) (aur) opini	, 10	n the date as	. 19 <u>85</u> nd haur and fra		nat <b>K</b> (we) last auses stoted
276 SIGNAT		son,	m		DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN		DATE S 4/11	
Kai	ren Mason				9000 Frai	aklin Squa	re Dr	21227		
BURTAL	ATION, REMOVAL	23b DATE	) E		EMETERY OR CREMATOR	BALTIL		COUNTY	M	D. STATE
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f may be r, page 3 ter death		CEASED NAME ORPRINT)		RACE	H	5 DATE (		A AGE (IN EARS IN	11 2	9, 1985  F UNDER I YEAR MONTHS DAYS	2b. HOUR O  A M  IF UNDER 24 HRS  HOURS MIN
eral director? 2 hours aft	0	RTHPLACE (STATE OR FOR OUNTRY) anover, Pa.	REIGN 7b	CITIZEN OF	WHAT COUNTRY	? MARRIE	-8 1922 DE NEVER MARRIED	62 9 BALTIMORE C	YRS.		
by the fun ed within it	10 C	erry Hall		1. NAME OF 1	HOSPITAL, NURS THEACILITY, GIVE STRE Lausmier	Rd.	D DNORCED DROTHER INSTITUTION	120 USUAL OCCURRED WORK FOR A SECRETAL	AOST OF WORKING L	125. KIND C	Faith Co
and	13a.	AL RESIDENCE (IF NURSING STATE Md.	Balti	THER INSTITUTION Y More	GWE RESIDENCE MER 131, CITY OR TO Perry	ORE ADMISSION) WN Hall	13d. INSIDE CITY LIMITS? YES NO TO NO TO NO.	13 25029 AR	ess ausmier	Rd.	21236
IDING PHYSICIAN: The law requires that the death certificate be execut.  After this certificate has been signed by the attending physician and connected that has the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 mould 1. Then that and Mental Hygiene prior to burial, cremation, or removal.  In and Mental Hygiene prior to burial, cremation, or removal.  The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must	J	oseph		DOLE	Hufna	_	Lida	M. ME			kenbaugh
e be exe an and c Pages 1	16a		N U S. ARMI I IF YES, GIVE W	ED FORCES? (AR OR DATES)	183-14-		Mr. Francis			Md. 212	
he law requires that the de ss been signed by the atter nit. Then please remove ca prior to burial, cremation was any injury, or other trr	CERTIFICATION	Conditions, if ony, gove rise to imme cause (a), staling underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATI	ediote the lost.	DUE TO, O  (c)  ONDITIONS CO		UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR	20b. IF YE	VEN IN PART 1	NGS USED
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IDING PHY strending ph After this case the burial st the burial th and Men marked or	MEDICAL	OR CONTRIBUTING CA (FETHER, NOTEY MEDICAL 21d. INJURY OCCURRE WHILE WHILE NOT WHI AT WORK  220.1 certify thoy (1) sow the deceased	ED  ILE   this hospital	P. 21e PLACE (AT HOME, STI	M. OF INJURY REET, FACTORY, OFFICI	19 E, FARM, ETC.)	211 LOCATION STREET  19  10 that in (my) (aur) opinion	2.70 M	or town	COUNTY	STATE that (1) (we) lost
TO HOSPITAL On ATTEN retained by the hospital or of TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Heal with the State Dept. of Heal MIPORTANT: If Item 21 is		obave, (II (we) (di 226. SIGNATURE William 226 PHYSICIAN'S NAI	d) (did not)	a. Try	ofter death!	m	DEGREE	MEDICAL PORCEOUS P	STAFF	221. DATE	
PBP TO F should with	23a	BURIAL, CREMATION, R	EMOVAL	23b. DATE 5-1-1			EMETERY OR CREMATORY Mem. Gardens	Per A	Er Har	187a	Md. STATE
DHMH-16 25M	24 F	UNERAL DIRECTOR	1750F	RelairR	d. Kingsy	rille.	Id 21087	E REC'D. BY REGIS	TRAR 25b. REGIS	TRAR'S SIGNA	

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9/4/85 rja STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

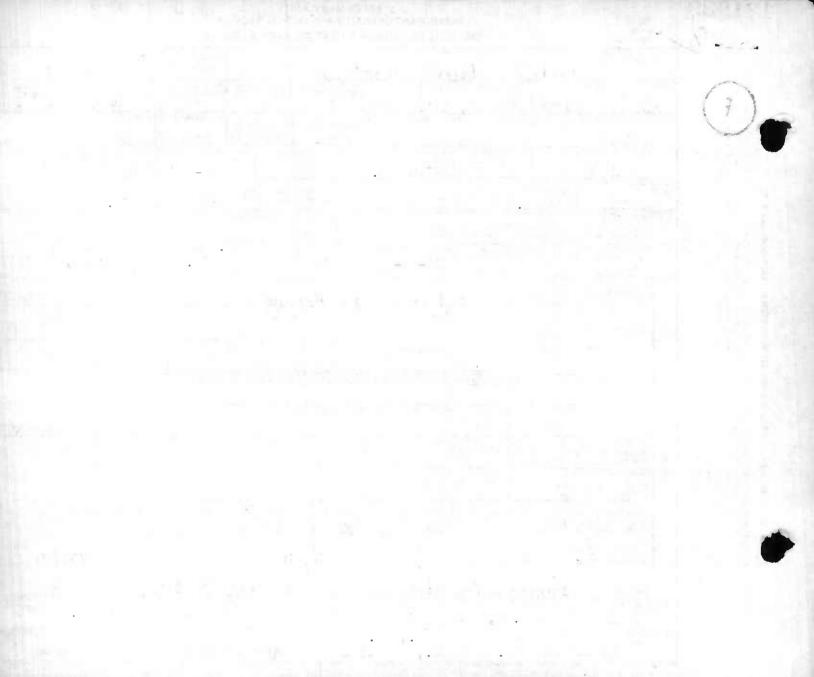
CERTIFICATE OF DEATH

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STATE OF MARYLAND



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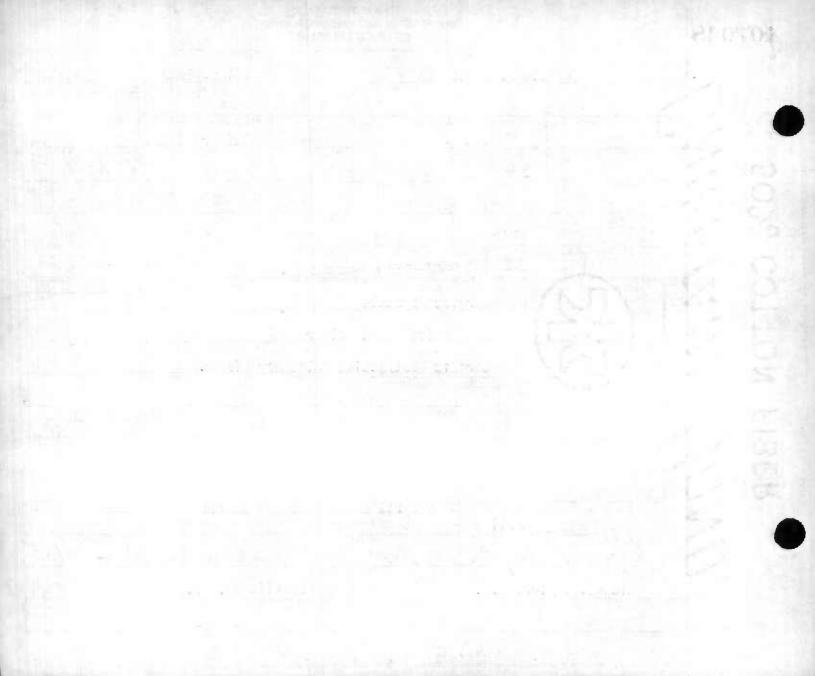
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS Carmelo F. GUGLIUZZA April 9, 1985 11:20pv IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR July 3, 1912 Male White A. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY U.S.A. Maryland Baltimore County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Rossville Franklin Square Hospital Machinist Inspector 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Fullerton 20 Belhaven Drive 21236 Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Sabatino Salvatore Gugliuzza Concetta ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Bertha W. Gugliuzza 20' Belahaven Dr 216-03-0617 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Asystole DUE TO, OR AS A CONSEQUENCE OF b Congestive Heart Failure Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Chronic Obstructive Pulmonary Disease NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHIE 22a.1 certify that (h (this hospital) attended the deceased from ADY1 Apri saw the deceased allow on\_above, (\*(we) (did) 25, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Michael Taylor, M.D. 9000 Franklin Sq. Dr., 21237 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) COUNTY Apr 13,85 Parkwood Cemetery Burial Baltimore 24 FUNERAL DIRECTOR Dippel Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - Survey from the or of the 7110 Belair Rd. Baltimore, Md. 21206

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORT

hospital



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ITENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital ar ottending physician.

TO HOSPITAL

BP.

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					REG. N	O.		
DECEASED NAM (TYPE OR PRINT)	E Milton	Pe		Hall	April 27,		DAY YEAR	26 HOUR 12:22 р <sub>м</sub>
Male	II.	A RACE White	5. DATE C		6 AGE IN YEARS LAST BI	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (		76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of Baltimore			MD.
ossvill		11. NAME OF HOSPITAL			12a USUAL OCCUPAT INFE OF WORK FOR MOST MECHANIC		126. KIND O	in Co.
SUAL RESIDENCE STATE Md.	13b COUN	other institution give reside ITY 13c, CITY Limore Mido	or town le River	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 9731 Bird	/ ZIP CODE River		.220
FATHER'S NAMI	E	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WIDDIE	Madel	LAST	
WAS DECEASE (YES NO OR UNKNI NO	D EVER IN U.S. AR	E WAR OR DATEST	1AL SECURITY NO. 27 7013	Mildred L. F	ADDR		Same	
18 CAUSE O PART I. DI	EATH WAS CAUSE	ly one cause per line for 10 D BY: E CAUSE 10)	ARDIAC	ARREST				MATE INTERVAL DINSET AND DEATH
Conditions	if any which	DUE TO, OR AS A CC		y ARTERY	1 Dissi	1.00	/	7 4%
gave rise cause (o), underlying	cause last.	DUE TO, OR AS A CO	ORONAR  ONSEQUENCE OF	Multiple NOT BELATED THE TERM	Myseard Myseard Mysease or con	Call a	upave7	7 yr.
gave rise cause (o), underlying	to immediate stating the cause last.	DUE TO, OR AS A CO	ORONAR ONSEQUENCE OF NOT THE ING TO DEATH BUT	multiple		20b. IF YES	S, WERE FINDIN	IGS USED
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gave rise cause (a), underlying  PART 2 OTH  19a DATE OF  21a, ACCIDENT OR CONTRIBUT (IF EITHER NO 21d INJURY ( white AT WORK  22a L certify sow the	to immediate stating the cause last.  ER SIGNIFICANT OF CONTROLL O	DUE TO, OR AS A CO	ONSEQUENCE OF  ONSEQU	NULTIPLE NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCUR!	PAL DISEASE OR CON  200 AUTOPSY?  YES NO  CITY OR TO	206. IF YES IN CERTIF YE RY IN ITEM 18 F	S, WERE FIND IN TYING CAUSES (S) PART I OR PART 2)	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshold be detached far use as the buriol-transit permit. Then please remave carbon popers. Pages with the State Dept. at Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

Rome PA 1407 Old Eastern Ave. APR Funeral

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

The state of the s in free to the state of the first of the state of the sta MARK CARRY SERVICE SHARE SERVICES with addition and office of more present

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

7.00 41. 32 25.00 112.

State of the state

# STATE OF MARYLAND

1	- STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO	).		
	GEORGE	STANTON HAMIL		AST	26. DATE OF DEATH	4 4	06 85	26. HOUR 10:55
3.	Male	white	S. DATE O	ept. <sup>0</sup> 19,1904	6 AGE LIN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	BIRTHPLACE (STATE OR FOREIGN Varrenton, Virgin	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O		Y OF DEATH E COUNT	TY MD.
-0	TOWSON	11. NAME OF HOSPITAL, NURS I			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Educat:	WORKING		ance
13	SUAL RESIDENCE IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR  JNTY 134, CITY OF TOV  Baltimo	VN 1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 108 W. 391			1210
5	FATHER'S NAME Alexander	Scott Hamilto	n	15. MOTHER'S MAIDEN NA/	ME	Ch	amberla	in
160	WAS DECEASED EVER IN U.S. A	REMED FORCES? 166 SOCIAL SEC 219-30-7		Mrs.Welby H.	ADDRE Loane 16 Mea		Rd.Bal.	Md. 21212
NC	PART 1. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	only one couse per line for (o), (b), o SED BY  ATE CAUSE (o) METASTA  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	TIC P		INAL DISEASE OR CONI	DITION GI		IMATE INTERVAL ONSET AND DEATH
CEPTIEICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIT FYING CAUSES ES	
MEDICAL CED	00.000.000.000.00	EATH	PARM, ETC.)	214 HOW INJURY OCCURE 211 LOCATION 51REE1	RED (ENTER NATURE OF INJUR CITY OR TO		PART I OR PART 2} COUNTY	STATE
	sow the deceased alive a	portal) ottended the deceosed from on 19 19 19 19 19 19 19 19 19 19 19 19 19	0 J , on	nd that in (my) (our) opinion of DEGREE  ATTENDING	deoth occurred on the do		22c DATE	

22e ADDRESS

DR. CHARLES PADGETT

GBMC 6701 N. CHARLES ST, TOWSON MD

236. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial April 9,198\$ Warrenton Cemetery

Warrenton Fauquier Co.Virginia 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd. Bal.Md

Bria Deviden Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: , should be detoched for use with the Stote Dept. of Hea

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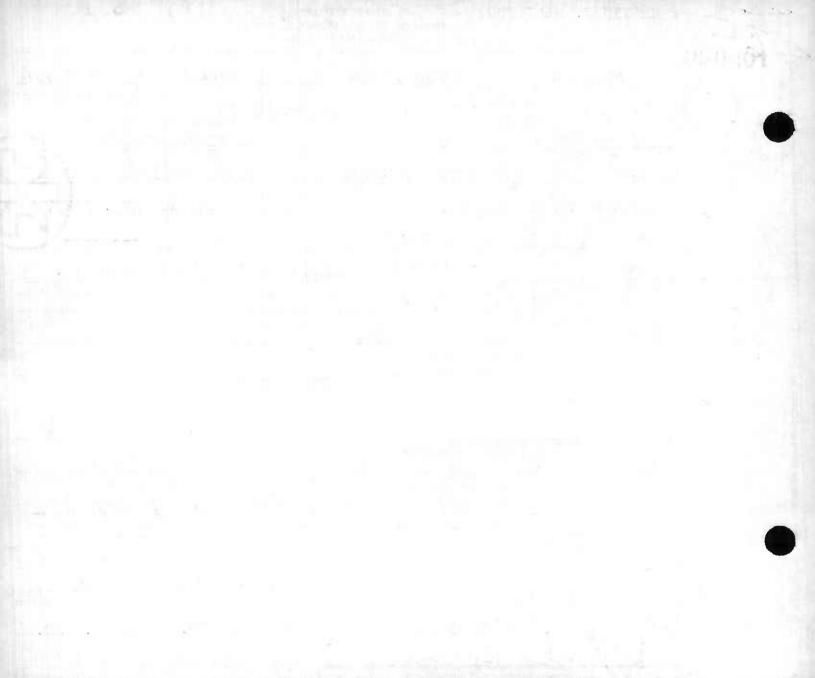
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13.000		ELVIN J. HAI FOR STATE REGISTRAR	MILTON	DEPARTN	LENT OF H	E OF MARYLAND & EALTH AND MENTAL HYDICATE OF DEATH	GIENE REG. NO		
109026	I. DE	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
y be		MELVIN		HAM	ILT	ON	APRIL	13, 1985	5:45PM
4 m	3. SE	4.4.	4 RACE CAUCAS	STAN	5 DATE (	DAY YEAR	6 AGE LIN YEARS LAST BIRT	MONTHS DAY	
960	7 01	MALE			701	JE 5, 1925		YRS	
t 2-10		RTHPLACE (STATE OR FOREIGN OUNTRY)  ARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DI DIVORCED	BALTIMORE CITY O		MD.
100	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	ON 126 KIND F WORKING LIFE) INDUSTR	OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME COUTATE 136 COUTATE BAL!		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  ROSEDA	V	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 922 CHESA	ZIP CODE ACO AVE.	21237
The state of the s	(I)FA	THER'S NAME JOHN	WIDDIE	HAMIL/	ron	15. MOTHER'S MAIDEN NA			LAST
Poges 1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		
physician or angapers. Page emoval.		NO		2191298	10	LOUISE HAM	ILTON 922		AVE.
os been signed by the attendin permit. Then please remove corb re prior to buriol, cremation, or reserve injury, or other froumation.	GERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  Media  19a DATE OF OPERATION	complitions c	me	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPŠÝŽ	206. IF YES, WERE FIND IN CERTIFYING CAUS	DINGS USED SES OF DEATH
	E/	71a ACCIDENT WAS UNDERLYING	7 216 TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN) UR	YES THE ITEM IS PART I OR PART 2	NO NO
buriol-tronsit Mentol Hygie or frem 18	/-	OR CONTRIBUTING CAUSE OF DE	MIII	.M. MONTH DA	Y YEAR				
R: After this ce use as the burn Health and Mer is marked or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET FACTORY, OFFICE FA		211 LOCATION STREET	UN DE TO	COUNTY	STATE
se os se os solth mark		220.1 certify that (I) (this have	utal) ottended	ne deceased from_		3//10/8	10 4	13/ 10 85	_, that (l) (we) last
21 00 00 00 00 00 00 00 00 00 00 00 00 00		sow the deceased alive a above, (1) (we) (didu(did n	ot) view the body	ofter death	11.6	d that in (phy) (auc) opinion	death occurred on the do	te old hour and from the	he couses stated
000		27E SIGNATURE	girio.	wond		DEGREE ATTENDING PHYSICIAN (	MEDICAL STAF	[//	13/85
TO FUNERAL IS should be deto with the State IMPORTANT: If		VUONG	NOU	IEN,	NO	6331 B	sclair Rd	Balto 7	nd 2120
A S S S S S S S S S S S S S S S S S S S		URIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP		JRTAL	4/17	7/85 M	OREL			BAITO	MD.
H - 16 60M 7/84 (VRA 15, 4)	29 PU	INDRAL DIRECTOR	- 11	II ( DDRESS	- ·	1 0/27/	PR 1 6 1085	256. REGISTRAR'S SIGN	



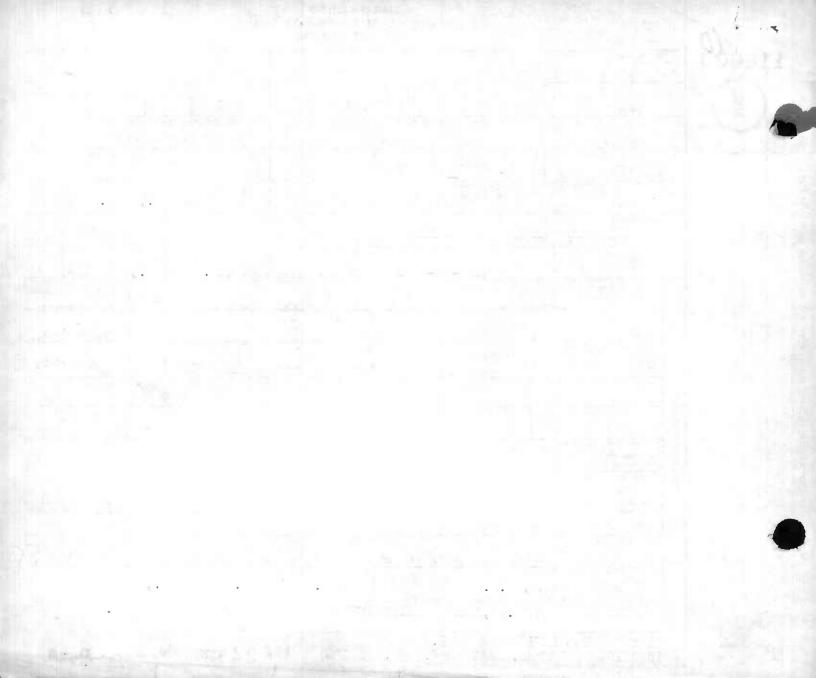
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE 123123 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 2b. HOUR LTYPE OR PRINTI Margaret Emma 19-85 Hammon 4. RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 18. 1897 Female White TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland Baltimore Co. WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS Summit Nursing Bank-Teller Catonsville Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21043 COUNTY CITY OR TOWN 11icott 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Howard 11434 Frederick Rd. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Hobbs Howard Selby C. Mary ADDRES ykesville, Md. 17 INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO OF UNKNOWN) LIF YES, GIVE WAR OR DATEST 215-18-279 Dorothy S. DeVries. 753 Old Liberty APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID meums Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INPART 1:0 CERTIFICATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 18 19 50 sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 LOCATION 23b. DATE 4-22-1985 Burial Mckendree Md. Howard, BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Charles W. Burrier, Jr., Sykesville. Md. (VRA 15, 4)

Charles L. Burtor, dr., spiceville, and. p. 1812 c. across de la contraction del la contraction de la

BP. DHMH - 16 60. (VRA 15,

1160

	DECEASED NAME	FIRST	MIC	DDLE	LA	AST	2c. DAT	REG. NO		AY YEAR	2b. HOUR
'   '	TYPE OR PRINT)	BES	SIE		ŀ	HANKIN	Al	PRIL 13	,1985		8 1 PN
3.	SEX		RACE		5. DATE O			(IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24
	FEMALI	E	WHITE		°OC'	Γ. 1, 1892 EAR		92	YRS	ONTHS! DATS	HOURS
770	BIRTHPLACE (ST	ATE OR FOREIGN 76	. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTI	MORE CITY O	R COUNTY O	OF DEATH	
	RUSSI		US	SA	WIDOWE	DIVORCED		BALTIMO			
1	TOWSON	1	ST. J	DSEPH'S" H	lospi7	R OTHER INSTITUTION	THOU	SEWIFE	ON F WORKING LIFE)	AT H	OME
5	SUAL RESIDENCE OF STATE MARY LAND	(IF NURS) OR OT	HER INSTITUTION GI	BALTIMOR	E	13d. INSIDE CITY LIMIT YES NO	00:	EBASSANZ (	DZIPRODE,	APT.	D #21
1	FATHER'S NAME	SROAEL Ä	BEL	GORËLICK		S MOTHER'S MAIDER		WIDDLE	G:	INSBER	Ğ
7 16	YES, NO OR UNKNO	EVER IN U.S. ARME		66 SOCIAL SECURI	ITY NO.	17 INFORMANT	MR N	YER APPAT	MKIN	1	
	NO		2	218-32-33	65	2505 BLAC	K HAWK	CIR. I	BALTO.		1299
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2	gove rise to cause (o), underlying  PART 2. OTHE	o immediate stating the couse lost	NDITIONS CON	ITRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE	20a A	UTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED OF DEATH
111	gove rise to cause (a), underlying  PART 2. OTHER  19a DATE OF C	o immediate stating the couse lost.  R SIGNIFICANT CO	nditions <u>con</u> 196 CONDITIE  216. TIME OF	ntributing to de	PERATION		20a A	UTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	VGS USED
110	gove rise to cause (a), underlying  PART 2. OTHER  19a DATE OF C	o immediate stating the couse lost.  R SIGNIFICANT CO  PERATION  VAS UNDERLYING   G CAUSE OF DEATH  FY MEDICAL EXAMINER)	NDITIONS CON 196 CONDITIONS CON 196 CONDITION	ON FOR WHICH O	PERATION	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	NGS USED OF DEATH
611	Gove rise to cause (o), underlying  PART 2. OTHER  19th DATE OF C  21a, ACCIDENT M  OR CONTRIBUTION  (IF EITHER NOIS)  21d INJURY OF	o immediate stating the couse lost.  R SIGNIFICANT CO  PERATION  VAS UNDERLYING   G CAUSE OF DEATH  FY MEDICAL EXAMINER)	NDITIONS CON 19b CONDITIONS CON 21b. TIME OF I HOUR A.M. 21e PLACE OF	ON FOR WHICH O	PPERATION  YEAR  19	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, 'IN CERTIFY' YES	WERE FINDING CAUSES	NGS USED OF DEATH NO
611	PART 2. OTHER  190 DATE OF C  210. ACCIDENT W  OR CONTRIBUTING  (IF EITHER NOTE  270.1 certify it  sow the d  obove. (I)	O immediate stating the couse lost  R SIGNIFICANT CO  PERATION  VAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER AT WORK  AT WORK hat (I) (this hospital leceosed alive on (we) (did) did not five	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 21b. TIME OF HOUR A.M. P.M. 21c PLACE OF (AT HOME, STREE	ON FOR WHICH O	PEATH BUT N PERATION Y YEAR 19	21c HOW INJURY OC	200 A YES [ CCURRED (ENTE	UTOPSY?  NO X  R NATURE OF INJUR  CITY OR TOV	20b. IF YES, IN CERTIFY! YES YIN ITEM 18 PAR	WERE FINDING CAUSES  RT I ORPART 2)  COUNTY	NGS USED OF DEATH NO
6/1	GOVE rise to cause (a), underlying  PART 2. OTHER  19a DATE OF C  21a, ACCIDENT WORK OR CONTRIBUTION (IF EITHER NOIR)  27a I certify the sow the dispose, (j)  27b. SIGNATURE	mmediote stating the couse lost  R SIGNIFICANT CO  PERATION  VAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER)  CCURRED  NOT WHILE AT WORK  AT WORK  (we) (did) did not)	NDITIONS CON  19b CONDITH  21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE)  of the place of the condition of the place of the condition of the place of the condition of the place of the plac	ON FOR WHICH O	YEAR 19	211. LOCATION STREET  , 19 d that in (my) (our) opi	200 A YES [ CURRED (ENTE	NO X R NATURE OF INJUR  CITY OR TOV	20b. IF YES, IN CERTIFY! YES YIN ITEM 18 PAR	WERE FINDING CAUSES  RT I ORPART 2)  COUNTY	NGS USED OF DEATH NO
611	GOVE rise to cause (a), underlying  PART 2. OTHER  19a DATE OF C  21a, ACCIDENT WORK OR CONTRIBUTION (IF EITHER NOIR)  21d INJURY OR  22a.1 certify the sow the dispose, (1).  22b. SIGNATUL  22d. PHYSICIAN	O immediate stating the couse lost  R SIGNIFICANT CO  PERATION  VAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER AT WORK  AT WORK hat (I) (this hospital leceosed alive on (we) (did) did not five	19b CONDITIONS CON 19b CONDITIONS CON 21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE) 1 ottended the conditions of the body of the body of the conditions of the con	ON FOR WHICH O	YEAR 19	21c. HOW INJURY OC 21l. LOCATION STREET  , 19 d that in (my) (our) opi	ZOO A YES [ CURRED (ENTE  TO	UTOPSY?  NO X  R NATURE OF INJUR  CITY OR TOV  Urred on the do  AL STAF  OR PHYSIC	20b. IF YES, IN CERTIFY! YES YIN ITEM 18 PAR	WERE FINDING CAUSES  TO COUNTY  On the County  To County  To County  To County  To County  To County	NGS USED OF DEATH NO



n 24 hou

njury, ar other troumotic event, th

should be detached for use as the burial-transit permit. Then please remove carbanapes with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If Item 21 is marked or Item 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

1'	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST Patr		T.	Harr	ison		April 30	1985	1:00 A
3. SE	female	Whit	e	5. DATE O	of BIRTH	6 AGE (IN YEARS LAST BIR	YRS.	NDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA		WIDOW			ore Cou	nty	MC
	Baltimore		HEACHITY, GIVE STREET ALLS ROad		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Homemaker	OF WORKING LIFE)	IZB. KIND O INDUSTRY	F BUSINESS OR
13a. M			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d Inside City Limits? YES NOXXX	13e STREET ADDRESS 6215 Fa		d 212	209
14. F	James W. Ty	son, III	LAST		15. MOTHER'S MAIDEN NAM Harriet	E. Berry		LAS	ī
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 213-20-4		William H. Ha	arrison 621		Road	
NO	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	((c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1:c	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.I	M. MONTH DA	19	216. HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJU	- 512	OR PART 2)	STATE
	270.1 certify that (1) (this has saw the deceased alive above, (1) (we will d) (did	on 3/288	19 5		nd that in (my) ( opinion o	, to death occurred on the d	ote and hour an	d from the	
	274 PHYSICIAN'S NAME (IV	Bow	cemo			MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	271. DATE	SIGNED 80/85
		W. Bowie				University	Pkwy. B	al.Md	. 21210
230	BURIAL, CREMATION, REMOV	23b. DATE 5/1/		-	DEMETERY OR CREMATORY	23d LOCATION CHYOR TOWN Baltimore		Mary	STATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

O HOSPITAL

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd. Bal. Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

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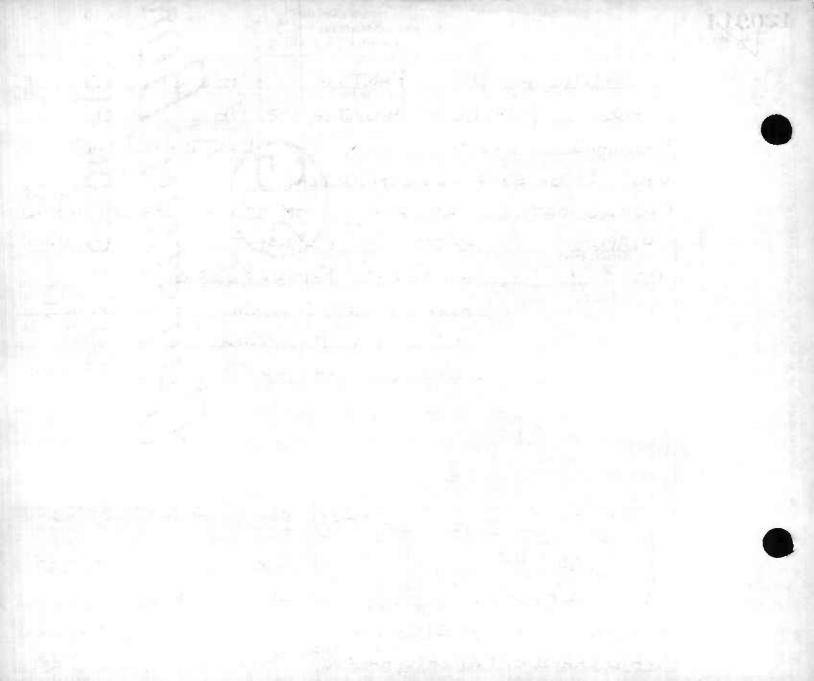
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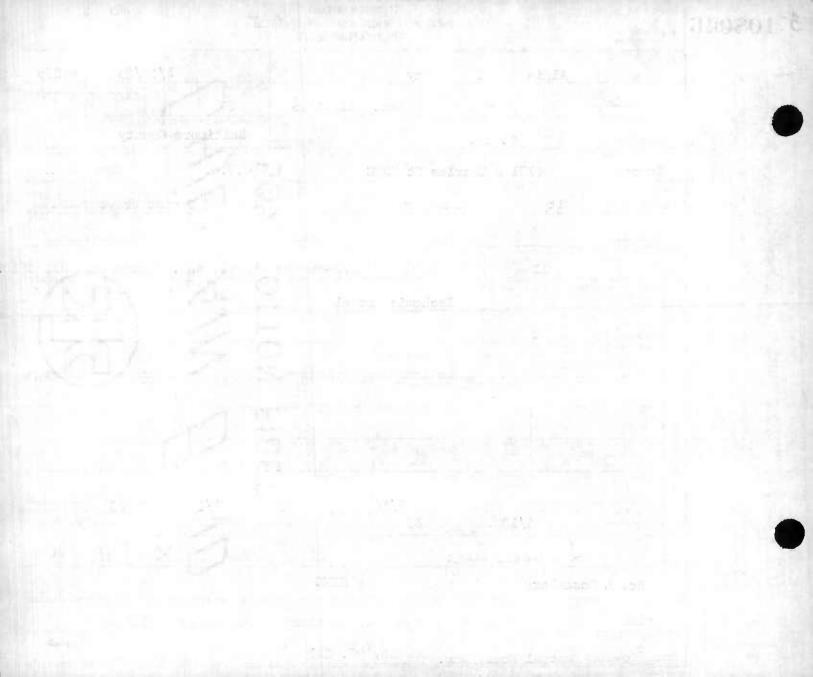
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# STATE OF MARYLAND & 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	NO

						REG. NO.		2b. HOUR
		CEASED NAME FIRST	MIDDE	E	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	
	TYPE	OR PRINT)	i am A	. HAR	RT1 (7	APRIL 1	h. 1985	
- 1	3. SE	(	4 RACE		OF BIRTH	6. AGE   IN YEARS LAST BIRTHD		AR IF UNDER 24 I
	~	1915	WHITS	AUL	80P1.61 TEUE	76	YRS MONTHS DA	TS HOURS A
-	7a. BI	RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?		9 BALTIMORE CITY OR		
2	n	ARYLADD	1256	A MARRI	VED NEVER MARRIED DIVORCED	ROITIMO	RE COU	TU
A	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KINI	D OF BUSINESS
U	6	HITS MARS	H 52145	CILITY, GIVE STREET ADDRESS)	RING ROAD	TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUST	KT
	USU	AL RESIDENCE (IF NURSING HOADTATE 13b. C		RESIDENCE BEFORE ADMISSION	()	13e.STREET ADDRESS / Z	ID CODE	2112
2	3	ARYLAND BE	WT MORE W	OHITE MARSH	YES NO NO	5214 SIL	BR SPR	Mr Ros
27	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA			1467
84		HERMAN	H	ARTIG	MARGA		40	UNG
		VAS DECEASED EVER IN U.S	ARMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
		10	3. GIVE WAR OR DATES!	14 03 9943	FAMILY	RECORDS		
		18 CAUSE OF DEATH (Ente	er anly ane cause per line				APPI BETWE	POXIMATE INTERVA EN ONSET AND DE
		PART I. DEATH WAS CA	DIATE CAUSE (0)	-cute Myoc	ardial Inface	tion.	ne	inute
				t t	U			
			DUE TO, OR AS	A CONSEQUENCE OF			m	any
		Conditions, if any, which	( (b) F	A CONSEQUENCE OF	); Itypox	ema	4	rs.
		gave rise to immediate cause (a), stating the	b (b) F	A CONSEQUENCE OF	7		4	rs:
		gove rise to immediate	b (b) F	+ SCVI	7	PD PD	4	
	7	gave rise to immediate couse (a), stating the underlying couse last	b (b) f	+ SCVI A GONSEQUENCE OF Chronic	7	PD	m	ary GY
	TION	gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR AS	A GONSEQUENCE OF CWOME	SENER CO	PD INAL DISEASE OR CONDIT	MU ION GIVEN IN PART	rs:
7	ICATION	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS	+ SCVI A GONSEQUENCE OF Chronic	SENER CO	PD INAL DISEASE OR CONDIT	m	any gr
2	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, OR AS  (c)  NT CONDITIONS CONTI	A GONSEQUENCE OF CHROMIC RIBUTING TO DEATH BU N FOR WHICH OPERATION	Sever- CO IT NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CONDIT	ION GIVEN IN PART  Ob. IF YES, WERE FIN  N CERTIFYING CAUS  YES	DDINGS USED SES OF DEATH?
2	L CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR AS  (c)  NT CONDITIONS CONTI	A GONSEQUENCE OF CHROMIC RIBUTING TO DEATH BU N FOR WHICH OPERATION	SENDE CO IT NOT RELATED TO THE TERM ON WAS PERFORMED	PD INAL DISEASE OR CONDIT	ION GIVEN IN PART  Ob. IF YES, WERE FIN  N CERTIFYING CAUS  YES	DDINGS USED SES OF DEATH?
2		gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICA.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b. CONDITION  G	A GONSEQUENCE OF CWOWLE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  USURY  MONTH DAY YEAR  19	SEVENE_ CC DIT NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CONDIT	ION GIVEN IN PART  Ob. IF YES, WERE FIN  N CERTIFYING CAUS  YES	DDINGS USED SES OF DEATH?
2	MEDICAL CERTIFICATION	gove rise to immediate couse (o1, stoting the underlying couse lost underlying couse lost part 2. OTHER SIGNIFICA 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURSE OF THE COURSE O	DUE TO, OR AS  (c)  19b CONDITIONS  G	A GONSEQUENCE OF CWOWLE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  USURY  MONTH DAY YEAR  19	Sever CC  IT NOT RELATED TO THE TERM  ON WAS PERFORMED  R 216 HOW INJURY OCCURI	INAL DISEASE OR CONDIT	ON GIVEN IN PART ON IF YES, WERE FIN N CERTIFYING CAUS YES  NITEM IB PART I ORPART	DDINGS USED SES OF DEATH?
2		gove rise to immediate couse (o1), stating the underlying couse lost part 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ETHER, NOTIFY MEDICAL EXAMINATION OF COURTED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b CONDITION  G	A GONSEQUENCE OF  RIBUTING TO DEATH BU  IN FOR WHICH OPERATION  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)	SENDE CO IT NOT RELATED TO THE TERM ON WAS PERFORMED  216. HOW INJURY OCCURI	PD  INAL DISEASE OR CONDIT  20a AUTOPSY?  YES NO NO NO NEED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES NITEM 18 PART LORPART	DINGS USED SES OF DEATH? NO  2)
2		gove rise to immediate couse (o), stoting the underlying couse lost underlying couse lost part 2. OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b. CONDITION  G	A GONSEQUENCE OF  CHUCKE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RECEOSED FROM  19  19	SEVENE_ CC  IT NOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCUR!  216. LOCATION  STREET	PD  INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO NO NOTIFE OF INJURY IN  CITY OR TOWN	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES  NITEM 1B. PART I ORPART COUNTY	IDINGS USED SES OF DEATH? NO []  STAT
2		gove rise to immediate couse lot, storing the underlying couse lost underlying couse lost of the underlying or contributing cause of the either notify medical example at work of the underlying cause of the underlying of the underlying the underly	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b CONDITION  G	A GONSEQUENCE OF  CHUCKE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RECEOSED FROM  19  19	SEVENE CONTROL STREET  216. HOW INJURY OCCURING STREET  216. LOCATION STREET  217. LOCATION STREET	PD  INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO NO NOTIFE OF INJURY IN  CITY OR TOWN	Ob. IF YES, WERE FIN N CERTIFYING CAUSE STATE OF PART I OR PART I	IDINGS USED SES OF DEATH? NO [ ]  Thorogonal (we) the couses state.
2		gove rise to immediate couse (o), stoting the underlying couse lost underlying couse lost part 2. OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b. CONDITION  G	A GONSEQUENCE OF  CHUCKE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RECEOSED FROM  19  19	SENDE CONTROL TO THE TERM ON WAS PERFORMED  216. HOW INJURY OCCURING THE TERM ON WAS PERFORMED  216. LOCATION STREET  217. LOCATION STREET  DEGREE ATTENDING	PD  INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO NO NOTION  CITY OR TOWN  to HE	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES  COUNTY COUNTY OND HOME OF THE MEDICAL COUNTY OND	DINGS USED SES OF DEATH? NO []  2)  STAT  The couses state ATE SIGNED
		gove rise to immediate couse (o), stating the underlying couse lost underlying couse lost 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE ALWORK NOT WHILE ALWORK AT WORK 150 W the deceased oily obove, (1) we) (did) (did) 22b. SIGNATHE	DUE TO, OR AS  (c)  INT CONDITIONS CONTI  196 CONDITION  G	A GONSEQUENCE OF  CHUCKE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RECEOSED FROM  19  19	SENDE CONTROL RELATED TO THE TERM ON WAS PERFORMED  216. HOW INJURY OCCURING THE TERM 216. LOCATION STREET  217. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	PD  INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO NO NOTION  CITY OR TOWN  to HE	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES  COUNTY COUNTY OND HOME OF THE MEDICAL COUNTY OND	IDINGS USED SES OF DEATH? NO [ ]  Thorogonal (we) the couses state.
		gove rise to immediate couse (o), stating the underlying couse lost underlying couse lost 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED AT WORK NOTIFY MEDICAL EXAMINATION OF C	DUE TO, OR AS  (c)  NT CONDITIONS CONTI  19b CONDITION  G	A GONSEQUENCE OF  CHUCKE  RIBUTING TO DEATH BU  N FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RECEOSED FROM  19  19	Seven CC  Seven CC  IT NOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCURI  216. LOCATION  STREET  216. LOCATION  STREET  ATTENDING PHYSICIAN  226 ADDRESS	PD  INAL DISEASE OR CONDIT  20a AUTOPSY?  YES NO WITH PROPERTY IN CITY OR TOWN  to Head of the dote  MEDICAL STAFF DIRECTOR PHYSICIAL	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES  COUNTY COUNTY OND HOME OF THE MEDICAL COUNTY OND	DINGS USED SES OF DEATH? NO []  2)  STAT  The couses state ATE SIGNED
/	MEDICAL	gove rise to immediate couse (o1), storing the underlying couse lost properties of the underlying couse lost of the underlying couse lost of the underlying couse lost of the underlying of the underlying or contributing of cause of the underlying or contributing of cause of the underlying of the unde	DUE TO, OR AS  (c)  IPID CONDITIONS  G	A GONSEQUENCE OF CHARLES OF CONSEQUENCE OF CONSEQUE	Severe CO  Severe CO  IT NOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCUR!  216. LOCATION STREET  216. LOCATION STREET  216. LOCATION STREET  216. LOCATION STREET  217. LOCATION STREET  218. ADDRESS  228. ADDRESS  238. S.A.	PD  INAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAUS YES  COUNTY COUNTY OND HOME OF THE MEDICAL COUNTY OND	DINGS USED SES OF DEATH? NO []  2)  STAT  The couses state ATE SIGNED
/	WEDICAL MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost underlying couse lost 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED AT WORK NOTIFY MEDICAL EXAMINATION OF C	DUE TO, OR AS  (c)  IPID CONDITIONS  G	A GONSEQUENCE OF  RIBUTING TO DEATH BU  IN FOR WHICH OPERATION  IJURY  MONTH DAY YEAR  19  NJURY  FACTORY, OFFICE, FARM, ETC.)  RICCOSED from  7  8  19  85  10  10  10  10  10  10  10  10  10  1	Seven CC  Seven CC  IT NOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCURI  216. LOCATION  STREET  216. LOCATION  STREET  ATTENDING PHYSICIAN  226 ADDRESS	PD  INAL DISEASE OR CONDIT  20a AUTOPSY?  YES NO WITH PROPERTY IN CITY OR TOWN  to Head of the dote  MEDICAL STAFF DIRECTOR PHYSICIAL	Ob. IF YES, WERE FIN N CERTIFYING CAUSTY YES ON THE PART I ORPART ON THE ORDER OF T	DINGS USED SES OF DEATH? NO []  2)  STAT  The couses state ATE SIGNED





executed within 24 hours ofter death. Page 4 may be

an thot the death certificate be

OR ATTENDING PHYSICIAN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

and completely filled in by the funeral director

		FOR
ľ	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO	

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME FIRST		MIDDLE		AST .	20. DATE OF DEATH	MONTH D	AY YEAR	25 HOUR	
	Louis	·T	- HEI	NRIC	HER	April 4.	1985		8.45AM	
3. SE		4 RACE	EV = A	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	m	N			116/10	74	YRS.			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY				
	PA.	U.	SA	WIDOWI		Balti	more Co	unty	MD.	
10 C	OSSVILLE	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD VKLLW		OR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND C INDUSTRY ARC	-RAFT	
	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE A		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	21	207	
	MDB	ALTO	CHASE	-	YES NO 12		BEN	FLER	RI	
14 E	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ı,	
	LOUIS	HEII	VRICHE	R	MAGDAL	ENE		APE	LLE	
		MED FORCES?	166. SOCIAL SECUR		17 INFORMANT	ADDI				
	VNK	e wan on pares,	003056	539	HELEN H	EINRICH	ER		A BOUE	
	PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest									
	IMMEDIA	IMMEDIATE CAUSE (6)								
	Conditions, if ony, which ( (b) Congestive Heart Failure									
	gove rise to immediate									
	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction									
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Acute Renal Failure								0	
CERTIFICATION	190 DATE OF OPERATION 196 CON		NDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDIN		
TIF					YES NOW	IN CERTIFYING CAUSES OF DEATH?  YES NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT T OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E				211 LOCATION	CITY OR T	COUNTY	COUNTY STATE		
×	WHILE AT WORK AT WORK	SINCE								
	22e.1 certify that the thorough the deceased from March 24. 19 85 to April 4. 19 85, that (we) lost the deceased blive on April 4. 19 85, and that in (%) (our) opinion death occurred on the date and hour and from the causes stated (we) (did) (did									
	226. SIGNATURE DEGREE 226 DATE SIGNED									
	1/2			ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	4/4	/85		
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS									
	Pedro Barre	nechea	M.D.		9000 Frankli	in Square I	n 21	237		
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NA	AME OF C	EMETERY OR CREMATORY	23d LOCATION		200 miles	STATE	
	(SPECIFY) BURIAL	4/6	185 HO	LLY	HILL CEM	BALT		COUNTY	Trandall.	
24. F	UNERAL DIRECTOR					REC'D BY RE 1985	R 256 BERRAT	AK S SIGNAT	UNE	
40	NAME COMME	1-1-10	ADDRESS		= AP	תש שטט	10			

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT, If Nem 21 is

F38333 The parties cities of the property of LOVE THE WAY WITH MANAGEMENT SAN THE S A State of Congress of Congres

FOR

### STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

		REGISTRAR			CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME OR PRINT) R	aymon		MIDDLE	Helf1	cich	M.D.	20. DATE OF DEA	04/16	/85	26 HOUR 4:34P	
	3 SEX	Male		4 RACE White		S. DATE C		, 1904	6. AGE (IN YEARS)	AST BIRTHDAY] YRS	MONTHS DAYS		
5		BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNT Maryland U.S.A.				* MARRIED NEVER MARRIED XX WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH				
6	10. C1	. CITY OR TOWN OF DEATH  Towson  11. NAME OF HOSPITAL, NURS  Greater Balto.							176 USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORLD GOT WORLD STORE TO SURGE THE TOTAL SURGEON				
5	13a. S	AL RESIDENCE (IF NURSI STATE ryland			GIVE RESIDENCE BEFORE  13t. CITY OR TOW  TOWSON		13d INSIDE	CITY LIMITS?	13e ST85513PD	instrutor	Road,	21204	
	14 FA	ATHER'S NAME Albert	٨	MIDDLE I .	Helfri	ch		s MAIDEN NA		DDLE	Ba	ŝel	
	160 V	WAS DECEASED EVER IN U.S. ARMED FORCES			166 SOCIAL SECU 220-12-5			Helfrich, Same As		As #13	e 21204		
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote	(b)	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)			aite	y D	us bas	y	ro,	
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1200. IF YES, WERE FINDINGS USE											
7	TIFIC					OTENATIO		OMMED		INCERT	IFYING CAUSE		
1		210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	(PI	M. MONTH DA	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE	DE INJURY IN ITEM 18	PART I OR PART 2)			
	MEDICAL	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCAT STREE		H.	YORTOWN	COUNTY	STATE	
	7	sow the deceased olive an									that (It (we) last ne causes stated		
		Alle	20 9	Du	& M	D	-	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR F	STAFF	22c. DAT	16/8/	
		BO B Les					GBMC6701 N. Charles Street						

231 NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVA

Burial

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

236 DATE

4-20-85

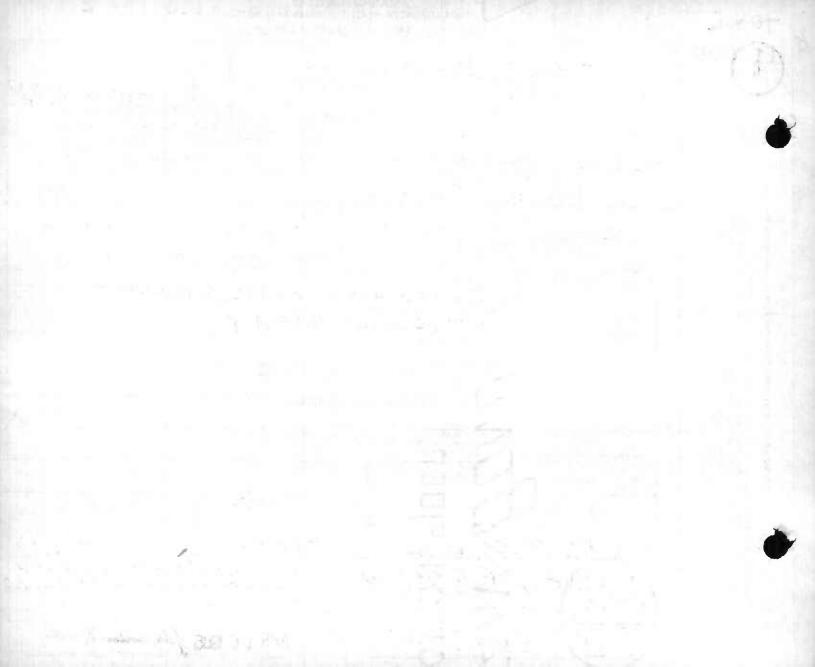
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

13d LOCATION
CHYOR TOWN
Baltimore, Maryland

delication income 

	1	500					ARYLAND	in lease	0 1 7	12	
10+1	1-	FOR STATE					ERTIFICATE O			1	
Sance		REGISTRAR CEASED NAME	FIRST	7415	MIDDLE	IIIVEK 3 (	LAST	2a DATE K	REG. NO.	TH DAY YEAR	2b. HOUR
UUD	(TYP	E OR PRINT)	Tohn		7)	Но	lkowski	OF	ESTI- MATED	19	
REE	3 SEX	4	John RACE	5. DATE OF BIRTH		IN YEARS IF UN		24 HRS. 2c. DATE	MONTE		2d. HOUR
2		Male	White	12-27-		YRS MONT	HS DAYS HOURS	MIN PRONOUNC	HP1	R16,85	53
1/2	7a. BI	RTHPLACE (STA		76. CITIZEN OF W		- 10	EDX NEVER MARR	9 BALTIMO	RECITY OR COU	JNTY OF DEATH	-
10		REIGH COUNTRY) Alabama	a	U.S.A		WIDOV			timore (	County	MD.
10	A C	TY OR TOWN O	FDEATH		SPITAL, NURSING H		ER INSTITUTION	12a USUAL OCCUPA			
2/		Baltime			in Squar	e Hos	pital	School 1	Teacher	Public	
20		L RESIDENCE (II	13b COUNT		13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e STREET ADDRES			
2		Md.	Bal	timore	Baltir	nore	YES NO 🔀		addler	Rd. 2123	4
01	V.E	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME MID		LAST	
20	1	Wal	ter EVER IN U.S. ARA	AFD CONCERN	Helkows		Jose 17 INFORMANT	phine	ADDRESS	Damilows:	ki
1		ES, NO, OR UNKNOW	(IF YES, GIVE V	WAR OR DATES)				lkowaki		same add	ross
1		yes III. CAUSE OF		III .			Anna He	TVOMPYT	(MTTE)	APPROXIMATE II	
1		PART I DEA	TH WAS CAUSED	BY:	far (a), (b), and (c).	1050	15R0	TIC CE	7 R010		AND DEATH
YGIE			IMMEDIAT	E CAUSE (a) BU	4	ICE OP	- CNO		, ,		
E E			, if any, which	1 0	MICU	LAR	DUSEI	755			
S Z S			ta immediate	DUE TO, OR	AS A CONSEQUEN			0,2			
Ez'		lying cause	e last.	(0)							
AH		PART 2 DTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	ART 1 (a)			
-	No.										
F	ICATION	19a DATE OF C	OPERATION	196 CONDI	TION FOR WHICH (	PERATION W	AS PERFORMED?			20 AUTOPSY?	10
7	CERTIFI		CALICEVIAC	A11 TILLE 0		Lancia				YES 🗌	NO
0 0		214 EXTERNAL		21b. TIME O HOUR A.A	F INJURY N. MONTH DAY		OW INJURY OCCURR	ED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	RPART 2)	
SIOR	MEDICAL	CONTRIBUTIN	G CAUSE OF D		OF INJURY (AT HON		CATION				
201 P8	MEC				TORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY	STATE
2		AT WORK	AT WORK					X			
MARYLAND,		73a. I certify	that Hook charg	e of the rue ares de	scribed abave, held		sy . Inspection	an Inquiry	, and in my	/ opinian	
25		death results	from: Natur	olybuses Ax	Accident ,	Suicide	, Hamicide	Undetermined mar	iner .		
NA.		ACTUAL	Ya. N	M	114		TITLE (SPECIEY)	TY	DA	TE 4/1/	82
Z KE	1	SIGNATURE	10001	1 PVV	vur	A	121	MEDICAL EXAMI	NER SIG	NED 1161	2.0
1	1	EXAMINER'S N	TAME WAL	11	FUER	IN	ADDRESS 2	(KEY	VILLE	1107	1030
AFTER DEATH, N	23a.B	URIAL CREMAT	ION REMOVAL 2				OR CREMATORY	23d LOCATION		COUNTY STA	TE STATE
_		SPECIFY Buri		1/20/85		Stanis	Ter	Balti	more	Md.	
17	24 F	UNERAL DIRECT	Schimur	nek Fune	ral Hom	e, Inc		1 8 1985	HEGISTRAR'	'S SIGNATURE	-
5))			9/05 Be	erair Ro	., Balt	U. ZI.	230   1111	1 0 1900			



27d PHY CIAN'S NAME LIVE OF PRIN

DR. Shaw

Burial

23e. BURIAL, CREMATION, REMOVAL

(SPECIFY)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

95

REG. NO 20. DATE OF DEATH MONTH 26 HOUR 85 5:18 04 20 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 90 YRS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17a USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Home Maker 13e STREET ADDRESS / ZIP CODE 2406 Cider Mill RD MIDDLE Zahrobsky ADDRESS Marie A. Konecny Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN ADD. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN M DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

Should be detained by with the State D

MPORTANT

DIVISION OF VITAL RECORDS

24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

73h DATE

23d LOCATION Balto

5800 Edmondson Ave.

The ADDRESS

23c NAME OF CEMETERY OR CREMATORY

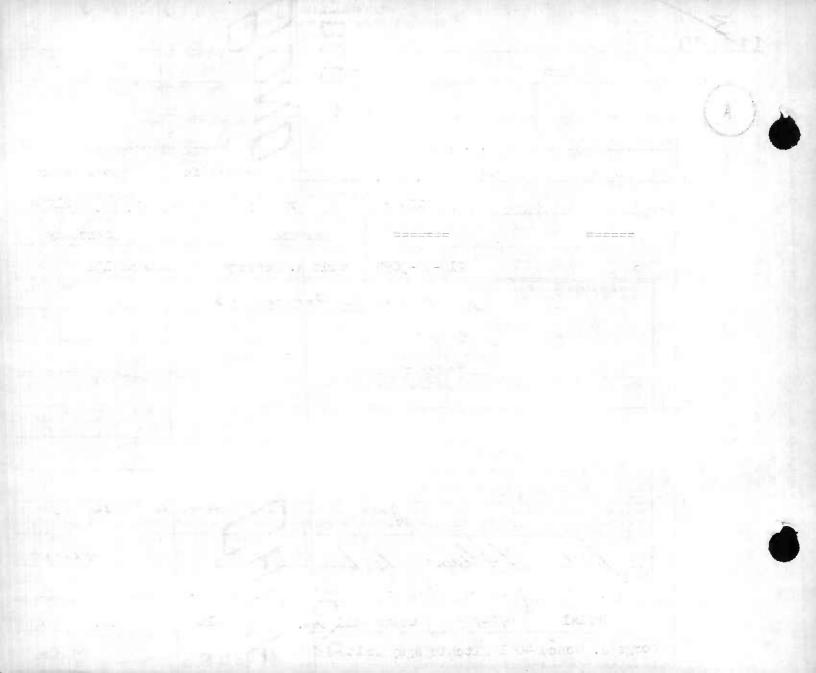
Cedar Hill Cem.

win Davidson Randell

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

Md



105076

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS 09 185 5:55a ESTELLE ANNA HENNEGAN 5. DATE OF BIRTH 3 SEX 4 RACE A AGE LIN YEARS LAST BIRTHDAYS IF LINDER LYEAR JULY 16 1896 WHITE FEMALE. 88 MRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY MD. USA WIDOWEDE ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY GBMC-6701 N. CHARLES ST. TOWSON HOMEMAKER USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2901 BARRISTER LANE 20715 GEO PRINCE BOWIE MD. 15. MOTHER'S MAIDEN NAME M FATHER'S NAME FIRST LAST MIDDLE ELIZABETH GRIEF BERNARD RETHMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT THE YES GIVE WAR OR DATES NO 214-46-9001A E. CLAIRE NOWAK (DGHTR) SAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ( PART I. DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG PART 2. OTHER SIGNIFICANT CEREBRO VASCULAR ACCIDENT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased olive on.

21d INJURY OCCURRED

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF IN IURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

4/06

4/09

CITY OR TOWN

85 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

COUNTY

22b. SIGNATUR

R.FAWCETT,M.D.

ATTENDING MEDICAL DIRECTOR PHYSICIAN

85

22c. DATE SIGNED 4/09/85

GBMC-6701 N.CHARLES ST.

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

4/12/85

231 NAME OF CEMETERY OR CREMATORY SACRED HEART OF

EGREE

23d. LOCATION BALTIMORE

MD.

STATE

24 FUNERAL DIRECTOR HIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. 21213

220.1 certify that (1) (this haspital) attended the deceased from the deceased alive an 4/06

abave, (1) (we) (did) (did not) view the bady after death

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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7 7-5 1.5

1	1 -	STATE REGISTRAR			DEFAR		ICATE OF DEATH	REG. N	10		
		CEASED NAME	FIRST	M	IDDLE	· ·	AST .	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		OR PRINT)	FRAN	ices	Γ	He	ubeck	4	4 15	85	7 30 PM
	3. SEX	x	1	I. RACE		S. DATE C		6 AGE LIN YEARS LAST BE	RTHDAY) IF U	HS DATS	HOURS MIN.
		-		CAU	( -	0	9 63 20	64	YRS.		
4		RTHPLACE (STATE	OR FOREIGN 7	6 CITIZEN OF	VHAT COUNTRY	(? B	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
7	V	IRGINI	A	115	A-	WIDOWE		BALtil	make (	COUN	tu MD.
	III CI	TY OR TOWN OF	DEATH:	II. NAME OF H	OSPITAL, NURS	ING HOME C	NOTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BOSINESS OR
	-	TOW SO	N	St	Jose P	H'S F	tospitAL	Seamstres	SS I	Self-	-employed
5	13a S	md Md	COUN.		GIVE RESIDENCE BEFO 130 CITY OR TO		13d INSIDE CITY LIMITS?	130. STREET ADDRESS	Elm a	ve	4211
	II FA	THER'S NAME		NDDIE	1457		15 MOTHER'S MAIDEN NA	ME			
	/	French		exander	Tayl	.or	Bessie	WIDDLE		Ecka	ird
0		VAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS		
-	1	No	(11 123 0112	WAN ON DATES	220-0	1-6562	3629 Elm Ave	nue 212	11		
		18 CAUSE OF DE	ATH (Enter only	y one couse per	ling for (a), (b), c	and (c++	1	- 1		APPROXI BETWEEN	IMATE INTERVAL
		PART I. DEATH	I WAS CAUSED	BY:	Caro		& Remo	u tail	ur		
			IMMEDIATE		AS A CONSTO	HENICE OF					OF TESTS
		Conditions, if o	ny which	DUE TO, OR	AS A CONSEO	KU!	Vascular	Diseas	2.		
		gove rise to	immediate	) 16)	2		,				
		underlying co		DUE TO, OR	AS A CONSEO	UENCE OF					
		DART 2 OTHERS	CALIEICANT C	(c)	NITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INIAI DISSASS OR CON	IDITION CIVEN	IN DART 1.	
	NO.	TART 2. OTTICK 3	IOI III CAINT C	01401110143	MAIKIBOTING	DEATH BOT	NOT RELATED TO THE TERM	IIIVAE DISEASE OR CON	ADITION GIVEN	IN PART III	0
7	CERTIFICATION	19a DATE OF OPE	RATION	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
7	TEK							YES TO NOT	IN CERTIFYING		NO T
5	E E	210 ACCIDENT WAS	UNDERLYING	216. TIME OF			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART	OR PART 2)	
	AL	OR CONTRIBUTING		HOUR A.A		DAY YEAR					
	MEDICAL	21d INJURY OCC		21e PLACE C		14	211 LOCATION				
	ME	WHILE NOT	WHILE	(AT HOME STR	EET FACTORY OFFICE	E FARM ETC }	STREET	CITY OR TO	OWN	COUNTY	STATE
		22s I certify that	WORK	al) assaudad sha			10	4.	. 19_		1 - 1 - 1 - 1 - 1
		sow the dese	ased alwa on		10		nd that in (my) (our) opinion	death accurred on the a			that (It (we) last
		obove, (1) (we	e) (did) (did not	view the body	ofter deoth.						
		226 SIGNATURE	lan	000	1)		DEGREE ATTENDING	MEDICAL STA	AFF	22c DATE	1 - 100
į.			-		Kone	70	PHYSICIAN [	DIRECTOR PHYSI	CIAN	4	115/03
		22d PHYSICIAN'S					22e ADDRESS	1	1.1		
		1-12	LAND	0 1	COME	RO	51.	+OSEPH	Hosp	,	
		BURIAL, CREMATIO	N, REMOVAL	23b. DATE		. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
		Buria		4/19/8	35 I	Corrain	e Park Cem.	Baltimo			aryland
	24 FU	JNERAL DIRECTOR			ADDRESS		25a. DAT	E REC'D. BY REGISTRAF	256. REGISTRAR	SEIGNAT	Pandelle
	A	. Alan Se	eitz Fu	neral H	3818	Rolan	d Ave. 21211	11 13 1300	June 34	Supplied of the	

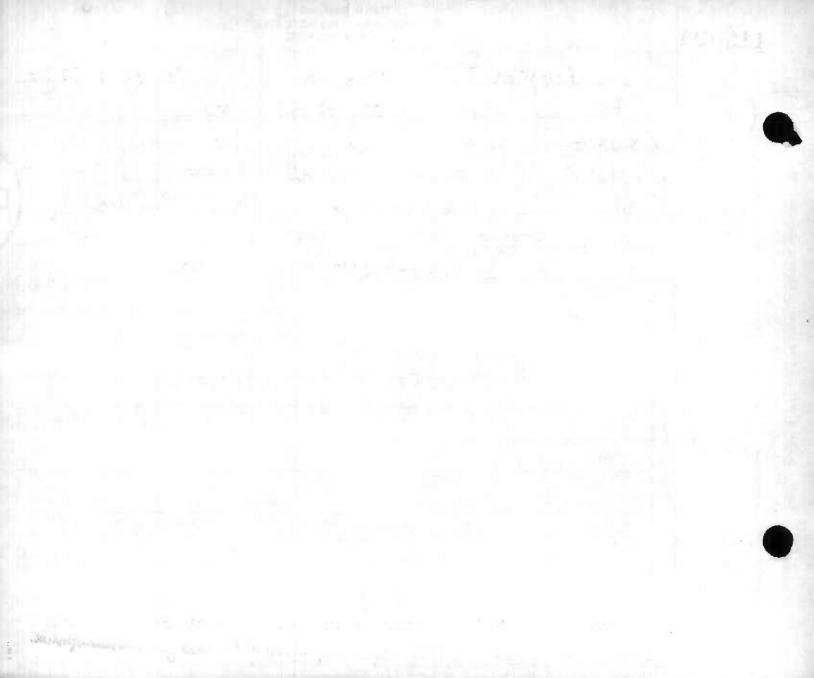
DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

APORTANT, II IN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

A. Alan Seitz Funeral Home



- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH

REGISTRAR **LAST** 20 DATE OF DEATH MONTH I. DECEASED NAME 2b HOUR TYPE OR PRINTE 3:05 P.N HIGBEE APRIL 25,1985 LILLIAN В. 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Jan. 1.1906 YEAR 79 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED USA Baltimore County New Jersey WIDOWED [ DIVORCED [ ALCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR 146 Dumbarton Rd. (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 113b. COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21212 146 Dumbarton Rd. Maryland Baltimore Baltimore YES [] NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James Marco ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I HE YES, GIVE WAR OR DATEST IYES, NO OR UNKNOWN) Mervin N. Higbee Same 138-03-7552 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did pol) view the boar after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Stephen Laiken, M.D. 6805 York Rd. Baltimore, Md. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN Burial-Transit 4/29/85 Northfield Port Republic Atlantic 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

DHMH - 16 50M 4/83 (VRA 15. 4)

Hygiene

shauld be deto with the State IMPORTANT: I

80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

54 1	STATE REGISTRAR		DEI ARTH		TE OF DEATH	REG. NO		
	CEASED NAME EORPRINT)	SALLY	WIDDLE	LAST	IEBAUGH	April 21	1985	26. HOUR A
3. SE	X	4 RACE	lum 0	5. DATE OF BIR	TH	6. AGE (IN YEARS LAST BIRTI	DAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
/	Female	W	nite	Jan.	18, 1911	74	YRS MONTHS BA	IS HOURS MINL
	IRTHPLACE (STATE OR FOR COUNTRY)		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF		
10.0	MD ITY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWED X	DIVORCED  HER INSTITUTION	Baltimo		D OF BUSINESS O
00	Baltimore	(IF NOT IN SU	Cheacility, give street a	ADDRESS)		Homemal	WORKING LIFE) INDUST	
	AL RESIDENCE (IF NURSING STATE 13			ADMISSION) N 113d	INSIDE CITY LIMITS?	13. STREET ADDRESS / 7901 Knol		e.,2120
14. F	James	MIDDLE E	Bosley	15. /	NOTHER'S MAIDEN NA	WE	Brov	LAST VN
	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU		NFORMANT	ADD RES	S	
=	No	Enter only one couse pe	220 12 7		Ars. Marl	ene T. Har	ris, Sa	ROXIMATE INTERVAL
S shows ony injury, or other CERTIFICATION	PART 2 OTHER SIGNIF	CONIC OS	ONTRIBUTING TO D	Path Por Pat	MOUSTA	20g. AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
CERT	21a ACCIDENT WAS UNDER	U U O U D	OF INJURY		HOW INJURY OCCUR	YES NO X	YES TIN ITEM 18 PART T OR PART	NO [
MEDICAL	OR CONTRIBUTING CAL  (IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	D 21e PLACE	OF INJURY  REET, FACTORY OFFICE FA	19	LOCATION STREET	CITY OR TOW	n COUNTY	STATE
o l		his hospital) attended t	he deceased from	38702	19.95	_, to April	. 19	_, thot(() (we) lo:
rem 21 is m	saw the deceased inbows/10/wei just 776. SIGNATURE	silvi in view the bod	ratterofeiith.	, and the		death occurred on the do		
ZT: # #ea 21 5 a	nbove () (we) Itid	alied new views the book	A C	DEGF	ATTENDING PHYSICIAN	MEDICAL STAF	276.07	the couses stated
MPORTANT: If Item 21 is m	776 SIGNATURE 22d. PHYSICIAN'S NAM	alied new views the book	All A	DEGF 22e	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF	AN [ 4/	the couses stoted

21212

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

Balto.

THE PROPERTY OF THE PARTY OF TH A SERVICE OF THE SERV Buildmant result of the search MU T Balto. Toward R 7501 Knell-tgod 4 ... 19 Juny Delta Control 280 12 7150 (Live. Marlana T. Lerris, ... Sh. E. L. Dr. Michael Blume, MD \_\_\_\_\_ Cont Jementian Hospital, 3-15... NO. Burial A/24/85 Dulancy Valley Skitch County,

C:0501

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1	1.	FOR	DEPARTMENT	OF HEALTH AND MENTAL	HYBIENE O	8
7400011	11-	STATE REGISTRAR		MINER'S CERTIFICATE		
109044	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN T M	ONTH DAY YEAR 26 HOUR
2 & & & E	(TY	PE OR PRINT)	HUR	HOLLEY	OF ESTI-	4 15 1, 85 0400
PLEASE FOOR FILES	3 SE	X 4 RACE			ER 24 HKS. IL DAIL	NTH DAY YEAR 28 HOUR
DIRE OUR ON S	1	n Negro	9 17 08 75		MIN PRONOUNCED DEAD	15 1,85 1105
ESSA ESSA FINA FINA FINA FINA FINA FINA FINA FIN	7 70 B	RTHPLACE (STATE OR DESIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MAI	RRIED 9 BALTIMORE CITY OR CO	DUNTY OF DEATH
NECESSARY PLEASE FUNEMATORECTOR. 5 FOR YOUR FILES. W. PRESTON STREET.	3		4.S.A.		RCED X YOU'L	MD.
PAGE 501 W.	_ 10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING I	HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	ORK 126 KIND OF BUSINESS OR INDUSTRY
P P P P P P P P P P P P P P P P P P P	LICII	AL RESIDENCE (IF IN NURSING HOME)	562 New PITTS	bough AVE	LAbor	
D. 21201 IF ANY DELA S. AND 3 TO SHOULD BE F		TATE USE COUN		WN 13d INSIDE CITY LIMITS		- #2/222
S. AN. S. R. S. AN. S. S. AN. S. R. S. S. AN. S. R. S. S. S. AN. S.		M . D . ATHER'S NAME	DOING BA	15. MOTHER'S MA	DEN NIAME	Shough Ave
DEATH. DEATH. GES 1, M PM AND 2 OFVITA		O'RST / L	MIDDLE HODE	FIRST C	al Ti MIDDLE M	V/p CLAST
TIMORI TER DE FORM SES LAP CON OF	160.	WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS	1/23
201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFTER DEATH. IF IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, EXAMINER ALONG WITH FORM PM. 3, EML-TRANSIT PERMIT. PAGES 1 AND 2 SI D MENTAL HYGIENE, DIVISION OF VITAL ON, OR REMOVAL.	1	(ES, NO, OR UNKNOWN) (IF YES, GIVE	217-01	-0422 me. Ac	Thup V. Holler 4:	315 LOCKRAYER
URS VETT		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and (c	b) [	1. 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST., B N 24 HOURS N ITEM 18. G ALONG WIT IT PERMIT. P YYGIENE, DIV		PART I DEATH WAS CAUSE	TE CAUSE (a) Chronic	ischemic myor	earthal disease	DETWEEN CHOET AND DEATH
STO N 17 PE N 17 PE NOVA			DUE TO OR AS A CONSEQUE	OCE OF	0. 0 1.	2 0
W. PRES WITHIN NCIL IN RANSI VIAL HY		Canditians, if any, which gave rise to immediate		hyperlensive ca	ndicratellar Obser	rae Lo yus.
201 W. PRE UTED WITHI IN PENCIL I EXAMINER IAL-TRANS O MENTAL I		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	NCJ OF		V
			(c)			
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 :0	
RECO D BE PEND MED AS. CRE	CERTIFICATION	19a. DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL REC HIS CERTIFICATE SHOULD B WRITING THE WORD. "PEN VARDED TO THE CHEF ME AGE 3 SHOULD BE USED AS AGE 3 SHOULD BE USED AS AGE 1201 PRIOR TO BURIAL, CA	기문		The continuous of the continuous	or Entrior Who ten outles.		YES NO
OF VI THE ONLING BE MENT TO BU		210. EXTERNAL CAUSE WAS	216 TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	
DIVISION OF V THIS CERTIFICATE IS, WRITING THE W WARRDED TO THE PAGE 3 SHOULD B STATE DEPARTMEN		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	YEAR		
IVISIC CERTII TING TING TOED T DEPA DEPA	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
	*	WHILE NOT WHILE [	STREET, PACTORY, PARM, ETC.)	ZIKEEL	CITY OF TOWN	COUNTY
E -2 E E ::		220 Leertify that I taak char	ge of the remains described above, held	an Autapsy . Inspec	from Inquiry and in	my apinian
MINER: TIFICATE BE FORE CTOR: TH THE S			ral causes Accident	Suicide Hamicide	Undetermined manner	1
		70		ALE (SPECIFY)		4/15/00
	4	SIGNATURE V. C.	Han Othor	- ME Depu		IGNED 113 (83
MEDICAL CUTE THE EX 4 SHOR FUNERAL TIMORE,	2	EXAMINER'S NAMED 110	COSSUM 8,00	to on was	Ob m1 2	12.2.
TO MEDICAL PACE 4 SHO TO FUNERA AFTER DEATH	1	TYPE OR PRINT	Bundark Mr.	ADDRESS_134	010.	122
	23a	URIAL, CREMATION, REMOVAL	Aller Ina Ileal	OF CEMETERY OR CREMATORY	23d LOCATION CHI OR TOWN	COUNTY STATE
BP	74	UNERAL DIRECTOR	4/19/85 1700	Tus Mem-PK.		n-D .  AR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		BETTS Funer	Al Home 1129 N.	CARALINA ST At	411	idson-Randelle
20M 4/82		Dell'S runer	AT HOME TINGIT	Carrollilo - 1	0 200 (	

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13e Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS 3 DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY CITY OF TOWN STATE 95, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN - 6701 N. CHARLES STREET 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Cockeysville Md ATE 4/6/85 Dulaney Valley Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR 21204 DHMH - 16 60M 7/B4 Ruck Towson Funeral Home, Inc. 1050 York Rd. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

CERTIFICATE OF DEATH

2b. HOUR

12b, KIND OF BUSINESS OR

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Company

21204

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IF UNDER I YEAR DAYS

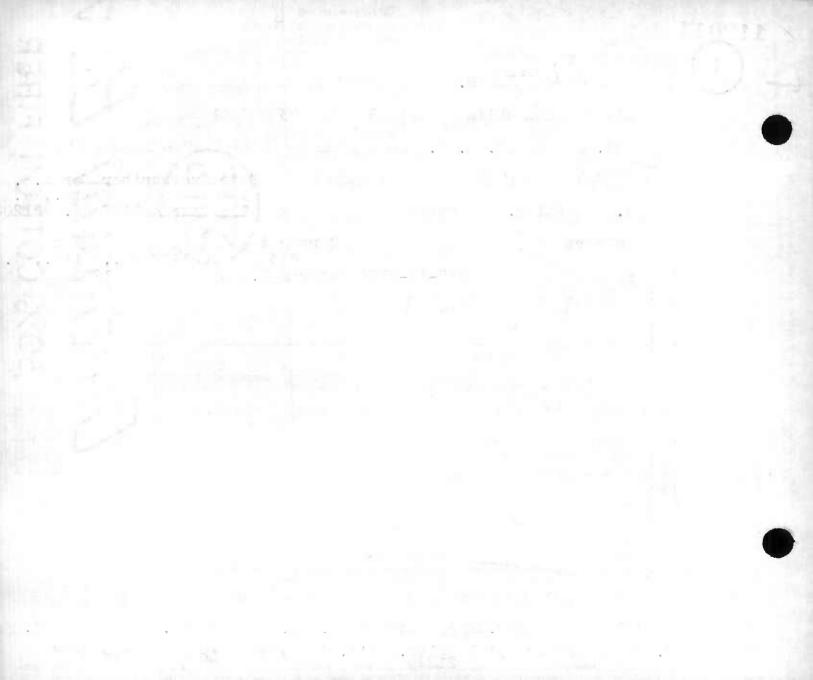
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1. DECEASED NAME (TYPE OR PRINT)

I YES, NO OR UNKNOWN)

MEDICAL CERTIFICATION

or Item+18

MPORTANT

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N	١٥.				
HOWARD	2a. DATE OF DEATH	MONTH 4	13	85	2b. нос 12:	
5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	MONT	DER YEAR	IF UNDER	21 HRS MIN.
7 1011	72					

Davison Rooded Ir 1409 Fidelty Building

(TITE OK PRINT)	MARGARET PAL	ILINE HO	WARD	4	13 85	12:40
3 SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
	rm. 3 4.	MONI		72	MONTHS! DAYS	HOURS MIN
Female	White	pune	7, 1911	73 YRS		
To. BIRTHPLACE (STATE OR FOREIGN Th. CITIL			ED NEVER MARRIED			
	U.S.	A. WIDOW	ED X DIVORCED	DATITUOKE COOM	TI	٨
10 CITY OR TOWN OF D		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS O
TOWSON	GBMC 6	OUL N. CHARLES	STREET	Homemaker	Own I	Iome
USUAL RESIDENCE (FN	URSING HOME OR OTHER INSTITUTIO	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE	7
Maryland	Baltimore	Towson	YES NO NO	302 E. Joppa F	Rd. 2]	L204
14 FATHER'S NAME			15. MOTHER'S MAIDEN N	VAME		
FIRST	WIDDLE	LAST	FIRST	MIDDLE	LAS	51
		Pingor				
160 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		21201

TAC		170-01-1221 b. Bawbon Receded 51, 140, 11	deres Decree
T	8 CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse per line for (a), (b), and (c) CAUSED BY: CARDIO-RESPIRATORY ARREST	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, v gove rise to imme- cause (a), stating underlying cause	the DUE TO, OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ALZHEIMERS DISEASE, CHF, SUSPECTED CVA

190 DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSI YES [7]		
? ) a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	?)c. HOW INJURY OCCUP			
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
22a.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) v	4/13	.1	to 4/13 death occurred on the d	19 85 ate and hour and from the	, that (I) (we) la ne causes stated

22c. DATE SIGNED 4/13/85 DEGREE 22b. SIGNATURE ATTENDING PHYSICIAN MEDICAL

(IF YES, GIVE WAR OR DATES)

DIRECTOR PHYSICIAN 22e ADDRESS GRMC

6701 N. Charles Street, Towson

Dr. David Reb	erts		GBMC	67
BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE	METERY OR CRE	MATORY
Entombment	4-17-85	Dulaney	Valley	

23d. LOCATION CITY OR TOWN

COUNTY Cockeysville, Balto.,

Entombment 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR should be detached for with the State Dept. of

> 1050 York Rd. Ruck Towson Funeral Home, IncTowson, Md. 21204

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	٥.		
ľ		CEASED NAME FIRST		MIDDLE	L	AST		MONTH D	AY YEAR	2b. HOUR
1	(ITPE	Albert	Raymo	nd HOWE			April 27	1985		9.45a M
1	3 SE)		4 RACE	HU HUML	S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		M	W		MONTH 3	125/09	76	YRS	ONTHS DAYS	HOURS MIN.
d		RTHPLACE (STATE OF FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
		N.T.	0 ~	> 14	WIDOWE	D DIVORCED	Baltimore		tv	MD.
1	III. CI	ROSSVILLE		HOSPITAL, NURSIN THE FACILITY, GIVE STREET WKL/W		ROTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS OR
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BA		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  MIDDLE	/N (	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE ORD	212	- 70
2	14. FA	THER'S NAME FIRST  FORE	WIDDLE	fow E		15 MOTHER'S MAIDEN NA	AND	REW	'S LAST	ı
٦		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE	SS		
1		VNK	E WAR OR DATES	577-09	2975	GRACE B	URKETT		A.	BOVE
1		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), an	id (ch)				APPROXI/ BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE  IMMEDIA	E CAUSE (o)	Cardiac /	Arrest					
		due to, or as a consequence of								
-		Canditians, if any, which gave rise to immediate (b) Anoxic Encephalopathy							-	
	13	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							, ,	
1		(c) Nesuscritated Cardiorespiratory Arrest							1	
	z	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	ATIO	Arteriosclerotic Cardiovascular Disease 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES						WERE FINDIN	IGS LISED	
4	CERTIFICATION	THE DATE OF CREATION	178 COND	MONTOR WHIELD	OI EKANIO.	T TAS I EN GRAVED	YES IN NO TO		ING CAUSES	
1	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME C		4V VE 4B	21c HOW INJURY OCCUP				
	AL	OR CONTRIBUTING CAUSE OF DEA	3113	M. MONTH D	AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	wN	COUNTY	STATE
	×	AT WORK AT WORK	(AT HOME SI	REET, FACTORY, OFFICE, F	FARM EIC I	3,112				
-		22a.t certify that this haspi	tol) attended th	e deceased fram_	April	24 , 19 85	to April	27	9_85	that (we) last
		sow the deceased olive an obove, () (we) (did) (&d w	April	ofter death.	85 _ an	d that in (n) (our) opinian	deoth occurred an the do	ite and haur	and fram the	causes stated
		27 SIGNATURE DEGREE								SIGNED
/		Martin	(D. 180	m-1	40F)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN V 4.27.85				
		THE PHYSICIAN'S NAME (TYPE C		27e. ADDRESS						
4		Martin B. G					lin Square D	rive,	21237	
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	4/30	/	DAK	EMETERY OR CREMATORY  LAWN	BALTE	N	COUNTY	STATE
	24 FL	PERAL DIRECTOR PLANE	FH.	300 ADDRESS	Mar	e ave. 250. DA	TE REC'D. BY REGISTRAR		AR'S SIGNAT	
- 1	_							The state of the s		

DHMH - 16 60M 7/84 (VRA 15, 4)

TENDING PHYSICIAN: The law

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TO HOSPITAL

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

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Assistant Tubers

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MPORTANT: If Hem 21 is

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certificate has bee

TO FUNERAL DIRECTOR.

1/	١,	FOR
anner of	-	STATE
12062		REGISTRAR

# STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.					
DLE	Hudson	April 12, 19	P85	2b. HOUR			
	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
	August 10, 1904	80 YRS	WONTHS DATS	HOURS MIN.			

	1. DECEASED NAME FIRST (TYPE OR PRINT)  Rayma	ont Hu	April 12, 1985			
	3. sex	4 RACE White	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)  80 YRS	IF UNDER 1 YEAR IF UNDER 24 H
)	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY?	OF WHAT COUNTRY? 8		9 Baltimore Coun Baltimore Cou	
1	Middle River	11. NAME OF HOSPITAL, NURSING 11 PAGE		ay Apt. H	12g USUAL OCCUPATION (Type of work for most of working Breakman	126 KIND OF BUSINESS INDUSTRY Rail Road
0	Md. 13a COU	or other institution give residence befor unity 13c CITY or Town Middle	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 9903 Dehavilla	nd Way Apt. H
1	14 FATHER'S NAME ERST Bertram	MIDDLE Hudson		15. MOTHER'S MAIDEN NA. "Violet	MEDLE	Raymont
	16a. WAS DECEASED EVER IN U.S. A (YES, NO OB UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 716 14 3		Gwendolyn H	Mudson (Wife)	Same
	PART I, DEATH WAS CAUS	DUE TO, OR AS A CONSEOU	DIO ENCROF	state z mi	Palisis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

19

21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased also and 19

211 LOCATION STREET

CITY OR TOWN COUNTY STATE

YES

IN CERTIFYING CAUSES OF DEATH?

NO

saw the deceased also on above (1) (we) (did (did nat) sew the ody after death 226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS

NOIX

(our) opinion death occurred on the dote and hour and from the causes stated

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE 4/15/85 23c NAME OF CEMETERY OR CREMATORY

and that in

DEGREE

23d LOCATION

Holly Hill Memorial Garden Baltimore County, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ruzdzinski Funera

Old Eastern Ave.

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.0/	11-	FOR STATE		NT OF HEALTH AND MEN		3 8
123072		REGISTRAR CEASED NAME FIRST	MEDICAL EX	AMINER'S CERTIFICA	REO.	
Wa 492		PE OR PRINT)	H	vahermon	20. DATE KNOWN OF ESTI- DEATH MATED	
P. P	3.58	m W			UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d. HOUR 4 27 19 85 5 3 M
	11.8	IRTAPLACE ISTATE OF DEEDA COUNTRY)	76. CITIZEN OF WHAT COUNTRY		R MARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
(3.4%) /	111	W ZEALAND	USA	WIDOWED W	DIVORCED BALTO	TYPE OF WORK 1726 KIND OF BUSINESS
MARKEN PARK	h	OODLAWN	1208 HARW	ALL RD	120 USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)  SALESMA	OR INDUSTRY  SUPPLY
21201 ANY DELA AND 3 TO RETAIN PA	USU 13a	AL RESIDENCE TO IN HURSIAG HOME O	13c. CITY OR		LIMITS? 13. STREET ADDRESS NO X 1208 HAR	NATI RO
ATH. #	1	ATHERS NAME	HIGHER MI	15. MOTHER' FIRS	S MAIDEN NAME  MIDDLE	Oll ADD
SATERIDEA SONE PACES OFFE PACES OFFE PACES THE FORM PAGES 1 AME INISION OF WI	16a )	WAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES?  NAR OR DATES)  16b. SOCIAL	SECURITY NO. 17. INFORMA	NT ADDRE	108
RS AF GIVE PAG DIVISION		YO IS CAUSE OF DEATH (Enter on	- 412 H	6 1310 CLAIR	EMHUGHESMAN	HARWALL RU
N ST., B. HOURS EM 18. G ING WIT ERE, DIV		PART I DEATH WAS CAUSED	y one couse per line for (a), (b), or BY: E CAUSE (o) SUN	THOT Wound	OP HEAD	BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 H CIL IN ITEM LER ALON ANNIT PER ALHYGIEN REMOVAL	6	Conditions, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF	0	* WALLAND
W. PREST WITHIN WITHIN ENCIL IN AINER A TRANSIT INTAL HY OR REMC	-	gave rise to immediate couse (o) stating the under-	(b) DUE TO, OR AS A CONSEC	QUENCE OF		
EXECUTED NG" IN PERCAL EXAM A BURMAL. A BURMAL. WATION, C	П	lying couse last.	(c)			
RECORDS.  TO BE EXECTED BE EXECUTED BE	N.	PART 2 OTNER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART T 10	
WITAL RECORDS, 201 W. PRESTON ST., BALTIMOR SHOULD BE EXECUTED WITHIN 24 HOURS AFTER IS OND "PENDING" IN PEROIL IN ITEM B. GIVE PAGE HIFF AKEDICAL EXAMINER ALONG WITH FORM E USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 IT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORM	ED?	20 AUTOPSY?
OF VII	H H	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
CERTIFICA CERTIFICA TING THE DED TO THE 3 SHOWN 1 PRIOR TO	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF E		19		
HIS WRE	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	THOME. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NER: 1 ICATE, FORW FORW TOR: P			e of the remains described above,			and in my opinion
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE S		94-1	al causes , Accident	Suicide , Homicid		
CALE THE OSHOU SHOU SHOU RE, M	- V	SIGNATURE DOWN	3 Ochow /	No Dept	MEDICAL EXAMINER	DATE SIGNED 4/27/85
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2.	4	EXAMINER'S NAME STAN	LEY Z. FIELSE	NBERG ADDRESS	II E. Chase ST	21202
	23 o. E	URIAL, CREMATION, REMOVAL 2	18. DATE 185 1231. NAM	TE OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY MD STATE
BP	1	UNERAL DIRECTOR	11 ADDRESS 531	250	DATE REC'D. BY REGISTRAR 256. RE	
(VR A15 ME (5) ) 15M 2/80	W	BER FUNERAL	HOME EDMON	DSON AVE	MAY 1 1985	nunason-Mandall

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR DECEASED NAME 5:25 ARchie IF UNDER 74 HRS 4 RACE & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male 30 0.1 Black BALTIMORE CITY OR COUNTY OF DEATH M. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia WIDOWED DIVORCED T Baltimore County 12h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pikesville: Pikesville Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Baltimore YESXX NO [ 2532 Druidhill Avenue21217 Marvland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Washington Moses Hungerford Sarah 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES! Sophia Courtney 2532 Druidhill 220-05-4864 18 CAUSE OF DEATH (Enter only one couse per PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR AND MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27s.1 certify that III (this haspital) attended the d saw the deceased alive or above, (1) (we) did (did A and that in (my), and opinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL BURTAL.

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.

23d LOCATION CITY OR TOWN Arbutus,

COUNTY STATE Md.

24 FUNERAL DIRECTOR

FOR - STATE

LIYPE OR PRINTS

NO

CERTIFICATION

MEDICAL

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DHMH - 16 50M 4/83

(VRA 15, 4)

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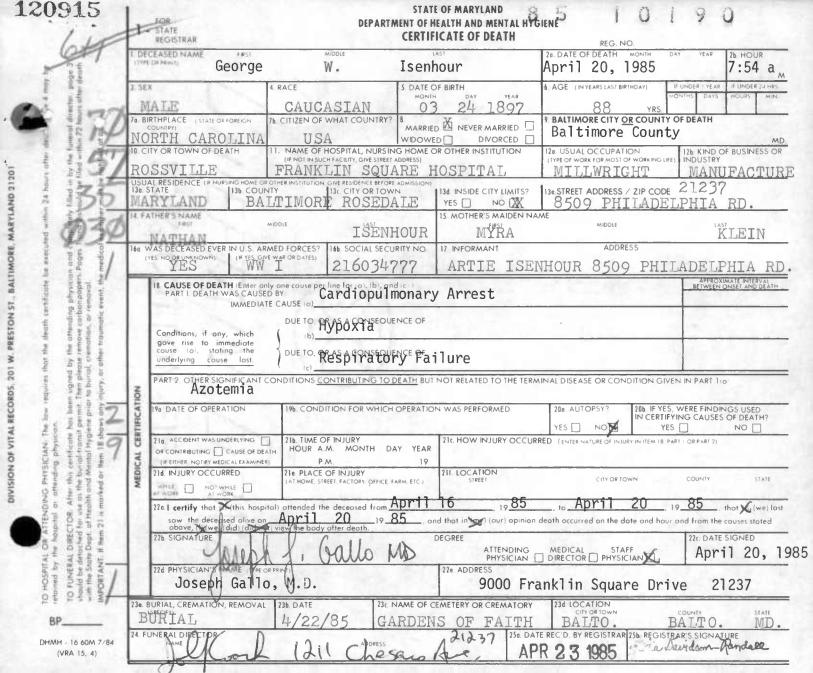
Wm C March F/H Inc. 1101 E North Avenue

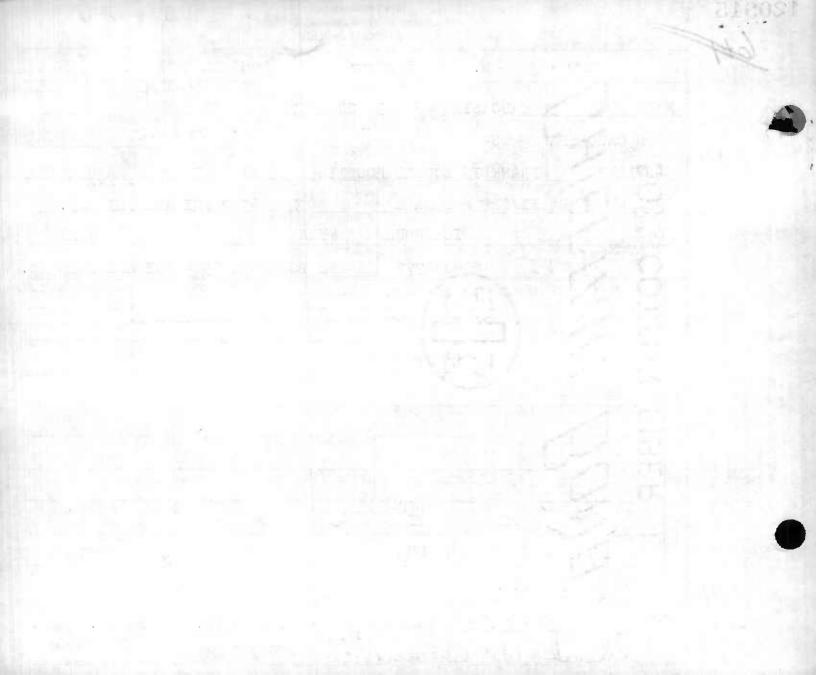
4/25/85

23h DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE







After this certificate hos been signed by the attending physician and campletele e os the buriol-tronsit permit. Then please remove carban papers. Pages 1 and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is morked or them 18 shaws any injury, or other troumotic event, the

FOR STATE

	STATE	OF MA	RYLAN	D 8	500
EPARTMEN	T OF HE	ALTH	AND ME	NTAL HY	GIENE
(1	EDTIEL	CATE	OF DE	ATH	

-	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0		
{TYPE	CEASED NAME FIRST	ey T.	JACK	SON	APRIL	MONTH DAY	85	1110pm
3 SEX	F	14 RACE W	5 DATE C		AGE (IN YEARS LAST BIR	YRS	DAYS	HOURS MIN.
C	MD.	US	MARRIE! WIDOWE		BALTI	MORE	-Co	KeNTIM
10	W50N	SAIN SUCHEA	SPITAL, NURSING HOME C	HOSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE) IN	DUSTRY	
Mar Mar	ryland	ME OR OTHER INSTITUTION GIVE OUNTY Baltimore	e residence before admissión) CITY OR TOWN Towson	13d. INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS 1707 Prov	ZIP CODE vidence R	oad 2	21 204
	George	MIDDLE	Tweddle	Rose Rose	MIDDLE		Hogan	1
	/AS DECEASED EVER IN U.S es. no or unknown)	S. GIVE WAR OR DATES!	12-28-9554	MR AWI Jacks	on 1707 Pro	vidence		21204 ATE INTERVAL INSET AND DEATH
CERTIFICATION	Conditions, if any, which gove rise to immediate couse lot, stating the underlying cause last PART 2 OTHER SIGNIFICATION.	DUE TO, OR A:	S A CONSEQUENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN	EFINDING	
MEDICAL CERTI	The ACCESENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTIO	WHEET HOUR A.M. P.M.  21s PLACE OF (AT HOME STREET	MONTH DAY YEAR  19  INJURY FACTORY OFFICE FARM EXC.  Receased from	211: HOW INJURY OCCURS 211: LOCATION STREET  19. 85	cits die to	wh (1	35 , th	NO []
	staw the decessed disconsisted of the state	TYPE OR PRINT)	er death.	ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSIC	FF 3/2	45	IGNED 5
(	urial, cremation, remo Burial	23b DATE 4-10-8			23d LOCATION CITY OF TOWN Towson Ba			
	NERAL DIRECTOR  tchell-Wiede	feld Home 6	500 York Roa		R REC'D. BY REGISTRAR	256. REGISTRAR'S		RE

DHMH - 16 60M 7/8 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low

etoined by the hospital TO HOSPITAL

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STATE OF MARYLAND CEDTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL RYGIENE

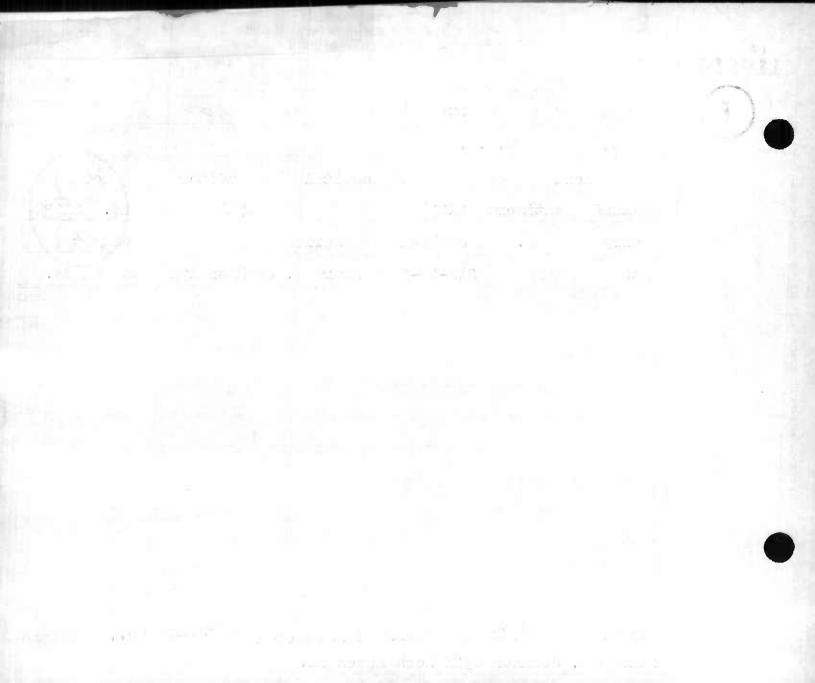
3.5E	X <sub>A</sub> A -	4. RACE		5 DATE OF		6 AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR	IF UNDER
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1	BIRTHPLACE LETATE OR FOREIGN COUNTRY)	U.S		MARRIED WIDOWED	DIVORCED	Balti C	ounty	/	
1	Baltimore	(IF NOT IN S	FHOSPITAL, NURSING UCH FACILITY, GIVE STREET AP TOSEPH	HO:	spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Auditor		Hot	
Ma		unty Itimore		]1:	YES NO P	1714 Red	Oak R	d.	2123
14 F/	Harry	SDLE	Jackson		Marie  Marie	WE	Vo	lker	t
	WAS DECEASED EVER IN U.S.	ARMED FORCES			7 INFORMANT Laura G. J	ackson 17		0ak	Rđ.
	IB CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p	er line for (o), (b), and			= metast	4	APPROX BETWEEN	MATÉ INTER ONSET AND
	underlying couse los	- ( (c)	or as a consequen	ICE OF					
NOI	PART 2 OTHER SIGNIFICA	- (c)_			OT RELATED TO THE TERM	MINAL DISEASE OR CON			
TIFICATION		NT CONDITIONS		ATH BUT N		200 AUTOPSY?  YES NO	20b. IF YES, WI	ERE FINDI	NGS USED
CAL CERTIFICATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DE	PERATION		200 AUTOPSY?  YES NO	20b. IF YES, WI IN CERTIFYING YES	ERE FINDIE G CAUSES	NGS USED OF DEAT
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-	PART 2 OTHER SIGNIFICA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IFEITHER NOTHEY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTWINE AT WORK  220. I certify that (I) (this is sow the deceased alivation obove, (I) (we) (did) (d)	I 9b CON  I 19b	DITION FOR WHICH O  OF INJURY  A.M. MONTH DAY  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, FAR.	YEAR 19 1, ond	WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  19  4 that in ( ) (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	206. IF YES, WIN CERTIFY INC IN CERTIFY INC YES	COUNTY	NGS USED S OF DEAT NO
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MEDICAL	PART 2 OTHER SIGNIFICA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IFEITHER NOTHEY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTWINE AT WORK  220. I certify that (I) (this is sow the deceased alivation obove, (I) (we) (did) (d)	NT CONDITIONS.  19b CON  19b CON  21b TIME HOUR  ATHOME (ATHOME 1) view the box  19b CON  19b	DITION FOR WHICH O  OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET FACTORY, OFFICE, FART	YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19	WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  Thot in ( ) ( ) (our) opinion  GREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT OR TO CITY OR TO Death occurred on the decorption of the decorption o	20b. IF YES, WIN CERTIFY INC YES	COUNTY  d from the	NGS USEC OF DEAT NO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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## STATE OF MARYLAND

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7	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.		
34		CEASED NAME FIRST	WIDDIE	IAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
			DA W.	JACOB	4	14 85	12:05 PM
	3. SE	X4	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	/	FEMALS	WHITE	OCT: 16,1905	') 9 YR	s	
81		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	VTY OF DEATH	
42	3	IARYLAND	U-S-A.	WIDOWED DIVORCED	BALTIMORE C	OUNTY	MD.
7	1	OWSON	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GBMC 6701 N.		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
35	130	AL RESIDENCE (IF NURSING HOME OR O STATE 136, COUNT			13e.STREET ADDRESS / ZIP CO	K FORES	21234 T DRIVS
2	M FA	ATHER'S NAME FIRST MI	DOLE LAST	15. MOTHER'S MAIDEN NA	ME		
きつし	11	WILLIAM F	. WORTHM	Ann Amilia	A MODE	1110s BE	RAND
0 /		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS		
med		TES, NO OR UNKNOWN)	320 483	1673 FAMILY	RECORDS		
injury, or other troumotic event, the medico	Z	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CONGE CONGE		LURE	BETWEEN C	7 days
roumotic	14	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE A CUTE	ANTERIOR MI		7 d	ays
r other t		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
injury, o	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110	
no 9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
18 st		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	N A
rs morked or ite	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo.		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	4 / A A	4/8 , 19 85 85 , and that in (my) (our) apinion	death occurred on the date and		hot (I) (we) lost
ANT: If Ifem 21		226. SIGNATURE	Pappus)	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAL	220 DATE	14/85
MPORTANI		Diane T	Pappas MI	S GBMC 67	701 N. CHARLE	S ST.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Fond 2 shadral, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. 23a. BURIAL, CREMATION, REMOVAL

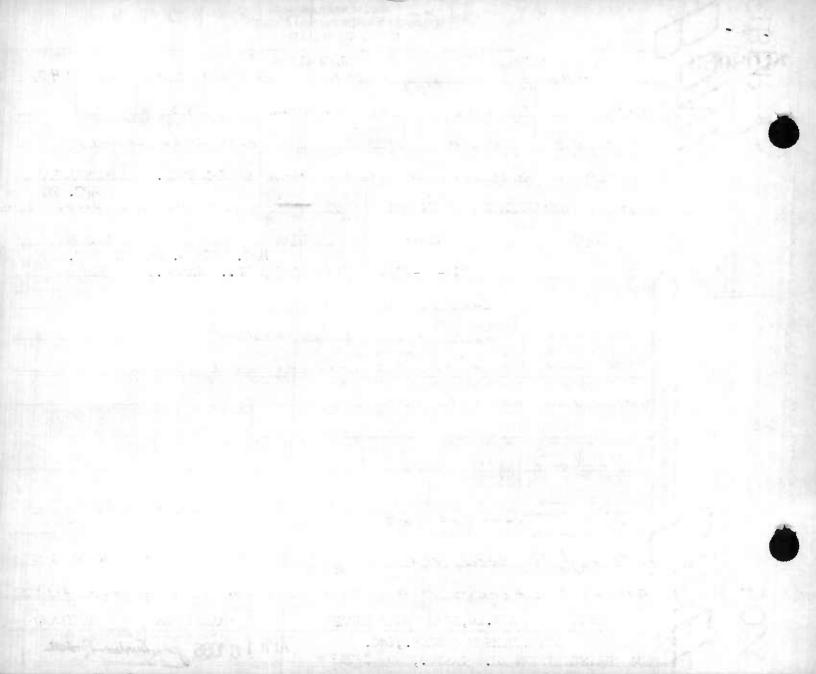
DHMH - 16 60M 7/B4 (VRA 15, 4)

236. DATE

231. NAME OF CEMETERY OR CREMATORY ST. JOHn'S Cam

1250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
APR 1 6 1985 Live Savidson Rendere

URIAL -18-1985 ILMORIES 4800 24 FUNERAL DIRECTOR CHAPSLOFI

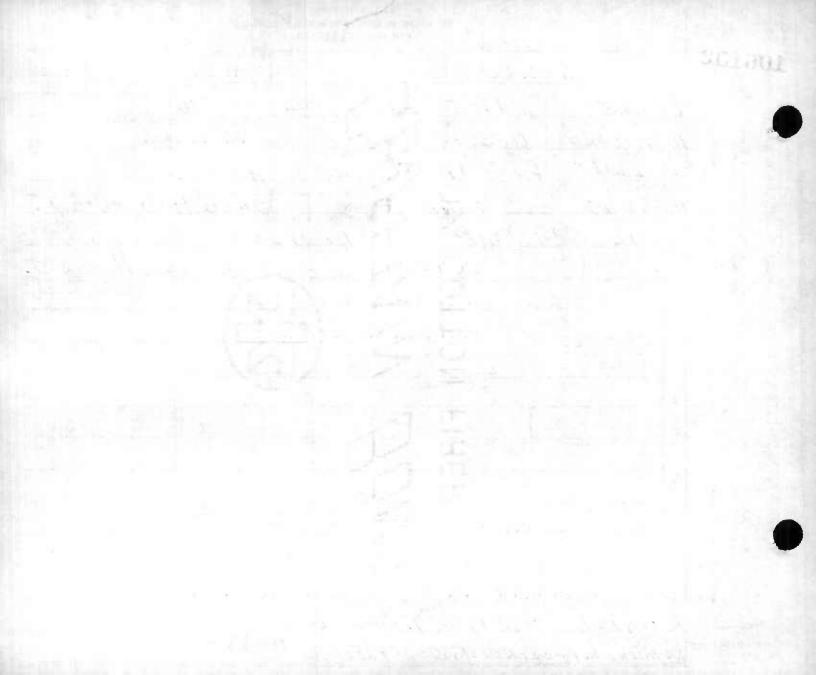


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## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	OI4	

		GISTRAR		CERTIFICA	ATE OF DEATH	REG. N	10		
1		DIATI	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
		Hilda				April 10,			5:10a
3.5	EX	male	1 RACE	5. DATE OF 8	IRTH PAY 1 9 YEAR 1	6 AGE (IN YEARS LAST 8	MONTH		HOURS MIN
70	BIRTH	PLACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	HUG.	41014	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
350	TO CITY OR TOWN OF DEATH  10 CITY OR TOWN OF DEATH  11 PATHER'S NAME FIRST  18 CAUSE OF DEATH IEnter only one couse per line for 101, PART I. DEATH WAS CAUSED BY:  (YES NOOR UNKNOWN)  18 CAUSE OF DEATH IEnter only one couse per line for 101, PART I. DEATH WAS CAUSED BY:  (Canditions, if ony, which gove rise to immediate couse (01, stating the underlying couse last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN  (IF EITHER NOIFY MEDICAL EXAMINER)  190 DATE OF OPERATION  191 CONDITION FOR NO WHILE AT WORK  100 CITY OR TOWN OF DEATH 11 CHANGE OF HOSPITAL, 12 CITY OR  13 SEX  4 RACE  4 RACE  4 RACE  4 RACE  10 CITY OF WHAT COUNTY  11 CHANGE OF HOSPITAL, 12 CITY OR  13 STATE  13 STATE  14 FATHER'S NAME FIRST  15 CAUSE OF HOSPITAL, 16 DATE  16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL 18 CAUSE OF DEATH 19 FYES, GIVE WAR OR DATES)  19 DUE TO. OR AS A CON 19 CONDITION FOR NO 10 CONDITI	U. S.A.	MARRIED WIDOWED		Baltimore			٨	
577	Pos	/ -	NAME OF HOSPITAL, NURS  OF NOT IN SUCH FACILITY, GIVE STREET  RANKLIN	ET ADDRESS	ARE		OF WORKING LIFE) IN		BUSINESS C
3500	791	RYLAND 131 COUN		MORE 130	I. INSIDE CITY LIMITS?	13e.STREET ADDRESS	HUD S	0N	33
300/	FATHE	R'S NAME MIL SCI	HWABE LAST		LOUIS	MIDDLE		LAST	
2 16a				5236 /	MARIE M	ATTES &	2400 F	LUDS	ON S.
event, the	18.	CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), one D BY:	ond icu	Arrest			BETWEEN ON	ATE INTERVAL
		IMMEDIAT	TE CAOSE (O)						
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trout	9	ove rise to immediate	(b) A1 CC1 103	CICIOCI	c near c brac	usc		-	_
other			DUE TO, OR AS A CONSEQ	UENCE OF					
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No.		W Z OWER SIGNIFICANT C	ONDITIONS CONTINUED TO	DEATH BOT NO	TREEATED TO THE TERM	IIVAL DISEASE OR COI	ADITION GIVEN IN	PARITIO	
J IFICATI	19a	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER		OF DEATH?
GERT CERT	710	ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	12	It. HOW INJURY OCCURR	YES NOTHER NATURE OF INI	YES _	APPART 2)	NO 🗌
		CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		(Electrical and on the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	- (			19					
A	214		171a PLACE OF INTUDY	21	FLOCATION				
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MEDICA	ATN	MILE NOT WHILE NORK	( AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC )	f LOCATION STREET	city ORT		25	
21 is morked or then MEDICA	ATN	MILE NOT WHILE AT WORK  I certify that (4) (this hospit	(AT HOME STREET, FACTORY, OFFICE	April (	STREET	10April	10 . 19_{	3 <b>5</b> , th	of M (we)
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If Nem 2   15 morks	220	HILE NOT WHILE ALL WORK  ALL WORK  Lecrify that (#1 (this hospit saw the deceased alive on, above, (#1/we) (did) (did not say)  SIGN ATURE	(AT HOME, STREET, FACTORY, OFFICE	April (85 , ond the page of th	9 19 85 hot in (mp) (our) opinion of Spree Attending Physician	10April	10 . 19 . State and hour and	35, th	ot M (we) l
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INC. 4107 WILKENS AVE.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

HUBBARD FUNERAL HOME,



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TC HOSFIFAL ON ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. For retained by the hospital or oftending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral distribution and detailed for use as the burial-transit permit. Then please remove carbonapopers. Page, and 3 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical arounder hubble habited in them.
	TO HOSFIT.	Should be a with the Sto	MPORTAN

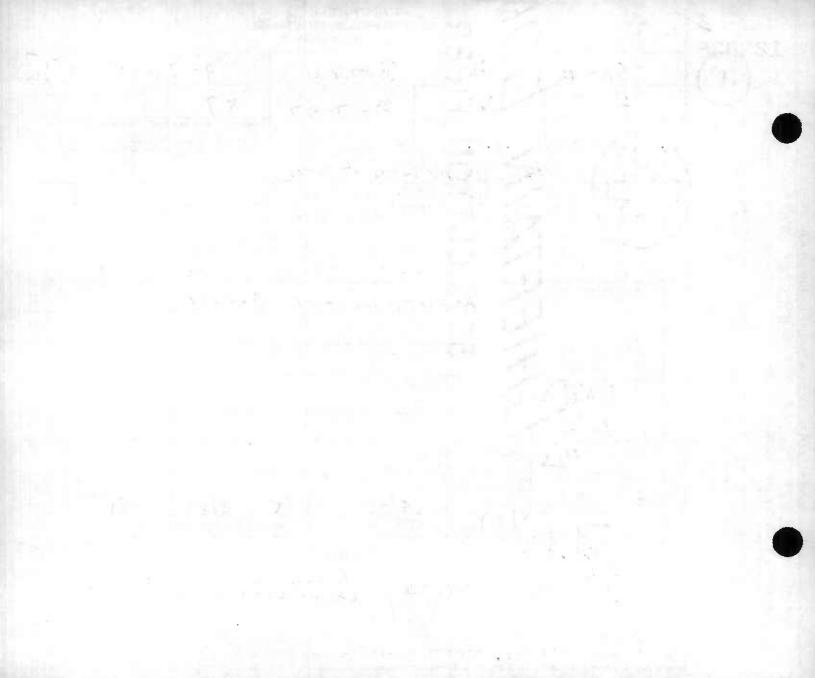
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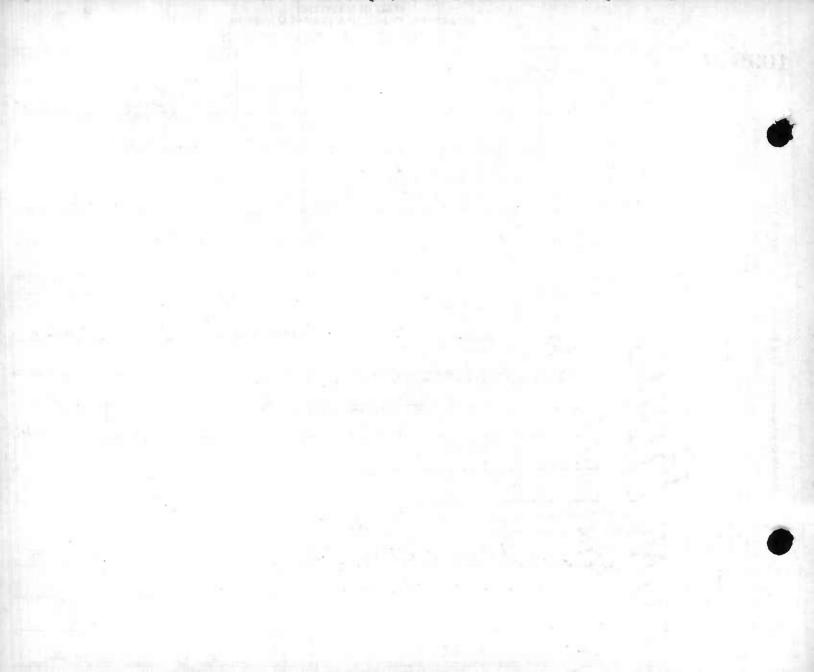
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

	17.	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.		
		CEASED NAME FIRST OR PRINT) SADIE	MIDDLE	JOH	1502	20. DATE OF DEATH MO	NTH DAY YEAR	7 S P. M
	3. SE)	F	4. RACE	5. DATE OF B	IRTH  DAY  GEAR  PAR  PAR  TEAR	6. AGE (IN YEARS LAST BIRTHD)	YRS DAYS	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)  Carolina	76 CITIZEN OF WHAT COU	MARRIED WIDOWED 12	NEVER MARRIED	Baltimorecuty or c		MD.
5	TB. CT	TY OR TOWN OF DEATH	11, NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR C	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	126 KIND C	OF BUSINESS OR
2	13a S	TATE	NTY 136. CITY O	R TOWN 113d	L INSIDE CITY LIMITS? ES NO [X]	13e STREET ADDRESS / ZI		21061
		Henry	Han	c e	MOTHER'S MAIDEN NAM	MIDDLE		ST
1	/ (Y	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV N K N O W N	E WAR OR DATES)		Paul White	7646 Spen		CIMATE INTERVAL ONSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost	DUE TO, OR AS A CON    Ib)  DUE TO, OR AS A CON    (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF	T RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 11	0
	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION W	/AS PERFORMED		Ob. IF YES, WERE FINDING CAUSES YES []	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASSE OF IT (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONT P.M. 210 PLACE OF INJURY	H DAY YEAR	e. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	LITEM 18 PART ( OR PART 2)	
	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		270. I certify that (1) (this hasp sow the deceased alive above, (1) we) (dd) (did 22b. SIGNATURE	t was the body after death.	_19 81 ond th		death occurred on the date	and hour and from the	that (I) (we) lost couses stated
<i>(</i>		22d. PHYSIC - IN'S CAME (TYPE C	PRINT)	M	ATTENDING PHYSICIAN C	2 ( )	1 151	27/85
		URIAL, CREMATION, REMOVAL BYRIAT,	23b DATE 5/3/85		2	23d LOCATION	10 / 211:	33 Md.
		UNERAL DIRECTOR			25a. DATE	E REC'D. BY REGISTRAR 25h		TURE



DECEASED NAME   The   The   NOTE   The   NOTE   N		FOR STATE REGISTRAR			ST EPARTMENT OF FICAL EXAM		AND MI	ENTAL HY		1 (	)	98	
SARTHPLACE   STATE OR   STATE O	. DE	CEASED NAME	Theres		MIDDLE		LAST		2a. I	DATE KNOV	VN MONTH		YEAR
B CITY OR TOWN OF DEATH	7a. BI	F W	hite	Mav 29	160 24	YRS.	HS DAYS	HOURS	MIN PRO	DEAD	MONTH TY OR COUR	DAY // 19	85 TH
13. STATE   13. COUNTY   13. CITY OR TOWN   13. STREET ADDRESS   13. MOTHER'S MADE			DEATH II.	NAME OF HOSP	ITAL, NURSING HO	ME, OR OTH			12a USUAL	Balto OCCUPATION OF WORKING LIF	Count N (TYPE OF WORK	B GE	OF BUS DUSTR
NAXX Jepome L. Johnson   Pamela J. Loque	13a. S M	tate laryland	13b. COUNTY		113c CITY OR TOWN	N '	YES 🗌	NO	6 <i>Vi</i>	address ew Ri	dge Ro	1. 2123	34
(YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  215 68 3471	$\bigcup X$	<i>XX Jero</i>	me $L$ . Jo	hnson		RITY NO.	Pa	amela	NAME	J. Lo		LAST	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a) stating the under- Jying couse last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M.  199. MONTH DAY YEAR P.M.  191. INJURY OCCURRED WHILE NOT WHILE STEEL, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  211. LOCATION STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN COUNTY  ACTUAL SKSNATURE  EXAMINER'S NAME Charles F. O' Donnell M. Daddress  ACCIDENT  ADDRESS  A		ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	215 68 3				1.	, ,		. A PREC	Y IM A TE
YES  218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED WHILE NOT WHILE AT WORK  228. I certify that I taak charge of the remains described abave, held an death resulted from: Natural causes Accident N	7.	gave rise t cause (a) stat lying cause la	a immediate ing the <u>under</u> - ist.	(b) DUE TO, OR A	AS A CONSEQUENCE	DE OF	Y 1 d	N GIVEN IN PART	7 + C			Su	idd
UNDERTYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inspection on death resulted from: Natural causes Accident Signed  Accident Signed  EXAMINER'S NAME Charles F. O Donnell M. Daddress	THEATH	19a. DATE OF OPE	ERATION	19b. CONDITI	ON FOR WHICH O	PERATION W	AS PERFOR	MED?					_
AT WORK AT WORK  22a. I certify that I taak charge of the remains described abave, held an Autopsy Inspection Inquiry ond in my apinion death resulted from: Natural causes Accident Inquiry Inspection Inquiry Industry Inquiry Industry Inquiry Inqu	BICAL CER	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	HOUR A.M. P.M. 21e PLACE O	MONTH DAY YI	. 21f. LO	CATION	OCCURRED	(ENTER NATU	RE OF INJURY IN I	TEM 1B PART 1 OR	PART 2)	
TYPE OR PRINT)   236. BURIAL, CREMATION, REMOVAL   236. DATE   236. NAME OF CEMETERY OR CREMATORY   1736. LOCATION		22a. I certify the death resulted fr ACTUAL SIGNATURE	at I taak chorge af t om: Naturol ca	he remains descriuses	ribed abave, held a	n Autop Suicide	y Hamic	ride	Undetermi	nquiry	/		127
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN COUNTY Baltimore City, Md.		URIAL, CREMATION	I,REMOVAL 23b. DA	ATE	23c. NAME OF	CEMETERY O	R CREMATO				City.	Md.	ST



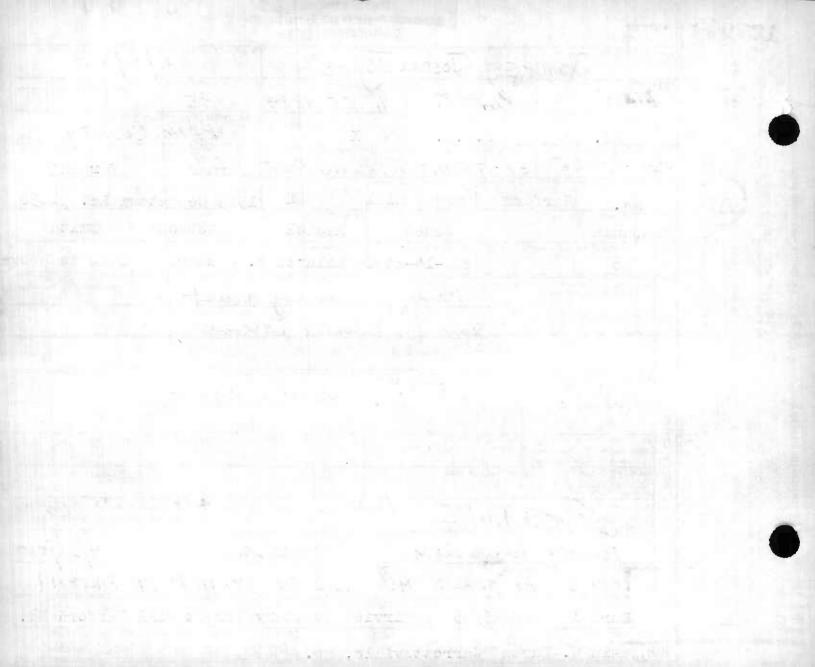
MARYLAND 21201

DIVISION OF VITAL RECORDS,

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127045		FOR STATE REGISTRAR		DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	2 0 0
may be pooge 3			125 14 RACE 1	Joshua Jo	INCS	20. DATE OF DEATH MONTH	21/986 MM
ge 4	/	MAIE	151	ACK MONTH		95 YRS	MONTHS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)  Md.	U	.S.A. WIDOWE		9 BALTIMORE CITY OR COUN	COUNTY MD.
ofter.	B	ALTIMORE	EAS	F HOSPITAL, NURSING HOME C LUCH FACILITY, GIVE STREET ADDRESS) THOMAS	SING HOME	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Farmer	126. KIND OF BUSINESS OR INDUSTRY  Farming
nin 24 bourgs	130. 5	TATE 113h COL	ford	n GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Forest Hill	13d. INSIDE CITY LIMITS? YES NO (4)	13e STREET ADDRESS / ZIP CO 1329 Coopsto	
and within and and and and and and and and and an		enjamin	MIDDLE	Jones	Rachel	Rebecca	Smi th
certificate be executed within 24 hours in physician and campies. The campies of the company of the campies of the life of the campies of the		VAS DECEASED EVER IN U.S. A LES. NO OR UNKNOWN) (IF YES. G	RMED FORCES' IVE WAR OR DATES)	220-14-1400	Mildred	V. Jackson	same as abo
bow requires that the death are been signed by the attending mit. Then please remove corbinator to burial, cremation, or any injury, or other traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  AS VC D;  19a DATE OF OPERATION	DUE TO, (c)_ CONDITIONS	OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT  MUTUALLY  IDITION FOR WHICH OPERATIO	Genete	MINAL DISEASE OR CONDITION COLUMN COL	GIVEN IN PART I to
	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME	OF INJURY A.M. MONTH DAY YEAR		IN CER	TIFYING CAUSES OF DEATH? YES NO NO
ENDING PHYSICIAN: The kolor offending physicion.  OR, After this certificate hos use as the buriol-transit per Health and Mental Hygiene is markedor them. 18 steep	MEDICAL	(IF ENHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC (AT HOME	P.M. 19 E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR, A build be detached for use the he store Dept. of Heal or Store Dept. of Heal		22a.1 certify the [1] this host sow it deceosed dive or oboys. (I) the (I did ) to deceosed a reconstruction of the construction of the constructi	OR PRINT)	dy ofter death.	DEGREE	DIRECTOR PHYSICIAN NORTH PT. P.	122. DATE SIGNED 4/23/85
BP		urial, cremation, remova specify)Burial		5/85 Pairvi			
DHMH - 16 50M 4/83 (VRA 15, 4)		enjamin W. K	urtz	Jarrettsvill		15 PEC'D. BY REGISTRAR 256. REGISTRA	ISTRAR'S SIGNATURE

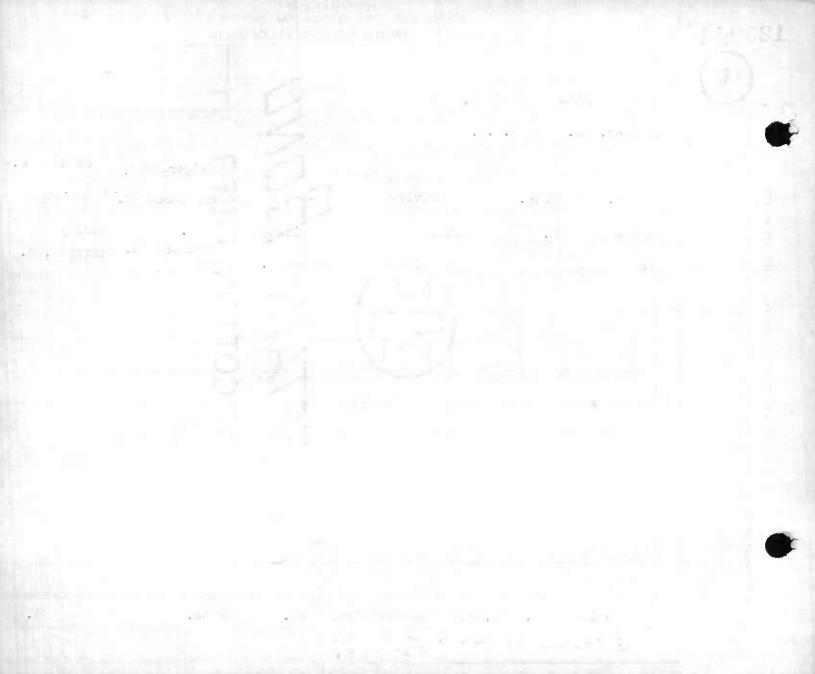




(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENCAL HYGIENE 123044 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME TO DATE KNOWNXX MONTH 26 HOUR (TYPE OR PRINT) ESTI-Paul J. Kakalec DEATH MATED 19 85 4-26 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4. RACE DATE OF BIRTH DATE 2d HOUR 21 yps PRONOUNCED 12:10 a. M April 8, 1964 Male White DEAD 1985 4-26 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Alexander. Va. U.S.A. Baltimore County, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Novatec Co. Wood lawn (I-70 overpass) Security Blvd. Helper-Eng USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto., YES NOXX 909 Prestwood Rd. 13a STATE 13b. COUNTY Balto. Westview Md. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth Hurley Kakalec Eugene 909 Prestwood Rd. Westyjew, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Eugene N. Kakalec 215 78 5674 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries MMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE OFFICE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE HAPFE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BIAND. YES XX NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 12:07AM 4-26 19 85 driver in auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK road Security Blvd. (I-70 over pass), Woodlawn, Balto. Co., Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy XX Inspection death resulted from Arrident XX Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M D Assistant 4-26-85 SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Balto. Mid. 29, 1985 New Cathedral Burial Cem. 07.'84 25M 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE G. TRHNAN SC KOOPSA 6 5151 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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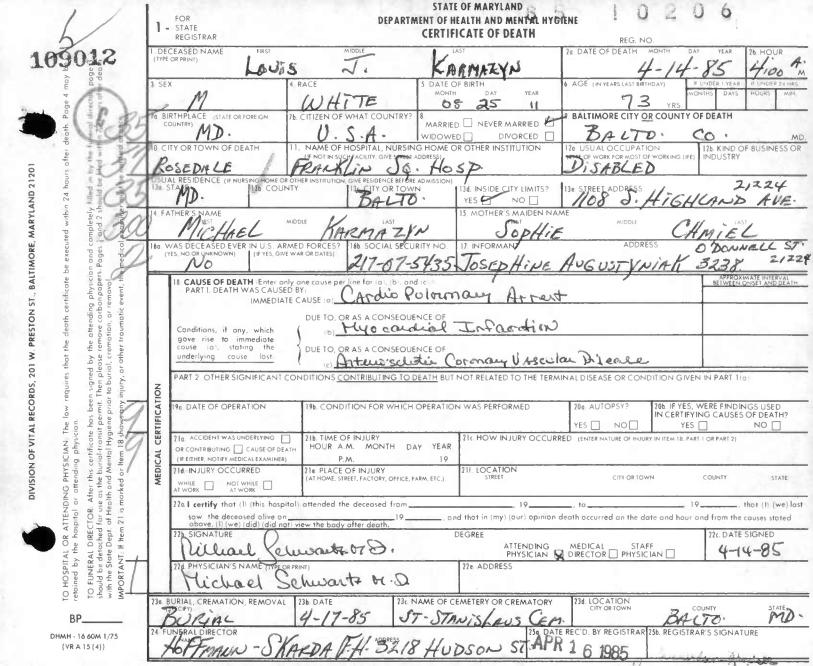
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				ICATE OF DEATH	REG. N			
		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		Romaine	C.		KAM	INSKI	Apr	il 16	1985	8:30A
3.	. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
	/	Female		White		e 2, 1913 YEAR	71	YRS	MONTHS DATS	HOURS MIN
71	o. BIRT	THPLACE (STATE OR FOREIGN DUNITY) Penna.		F WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	Baltimore city of			
1	0. CITY	Rossville	Fran	uch facility, give street klin Squa	ING HOME C et address) are Hos	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewif	ION OF WORKING LIF	126 KIND C	OF BUSINESS C
1	30 ST.		ME OR OTHER INSTITUTIO OUNTY <b>altimore</b>	Perry I	WN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4327 Fal	ZIP CODE	rk Road	21128
8		HER'S NAME FIRST Charles	MIDDLE	Trimme	r	15 MOTHER'S MAIDEN NA FIRST Edna	WE		Ca	
110		AS DECEASED EVER IN U.S				17 INFORMANT	ADDR	ESS Peri	y Hall	
	(YES	NO OR UNKNOWN) (IF YE	S GIVE WAR OR OATES)	219-32-	-0779D	Joan Baile	4327 Fall		Rd. 2	1128
	1	18 CAUSE OF DEATH (Ent	er only one couse p	er line for (a), (b), o	indic .	ry arrest		1.14	BETWEEN	ONSET AND DEATH
		Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause los	b (b)_e DUE TO.	or as a conseou arterios of ar as a conseou	clerot	ic cardiovasc	ular diseas	e		- 3
	F	gove rise to immediate couse (a), stating the underlying couse los	h (b) e DUE TO. (c) TOONDITIONS	arterios on as a conseou	clerot UENCE OF	ic cardiovasc			EN IN PART 10	a-
Z	F	gove rise to immediate cause (a), stating the underlying cause las	DUE TO.  OC.  NT CONDITIONS (enal fail	arterioso OR AS A CONSEO CONTRIBUTING TO Ure	Clerot  UENCE OF  DEATH BUT			DITION GIV	, WERE FINDIN	NGS USED
~ -	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lose part 2 OTHER SIGNIFICA Chronic r	DUE TO. (c)	arterioso OR AS A CONSEO CONTRIBUTING TO Ure	Clerot  UENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON  20a AUTOPSY?  YES \( \text{YES} \( \text{NO} \)	20b. IF YES IN CERTIF YE	S, WERE FIND IT YING CAUSES S	NGS USED OF DEATH?
-	EDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse los couse couse couse contributing cause course co	DUE TO.  NT CONDITIONS  Penal fail  19b. CON  SG 121b. TIME HOUR  WINER)  21b. PLACE	arteriose OR AS A CONSEOI CONTRIBUTING TO UPE DITION FOR WHIC OF INJURY A.M. MONTH [	UENCE OF  D DEATH BUT  H OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOC ATION  STREET	INAL DISEASE OR CON  20a AUTOPSY?  YES \( \text{YES} \( \text{NO} \)	20b. IF YES IN CERTIF YE	S, WERE FIND IT YING CAUSES S	NGS USED OF DEATH?
-	MEDICAL CERTIFICATION	gove rise to immediate couse (a) stating the underlying couse loss part 2 OTHER SIGNIFICA CHYONIC Y  9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE COMPREDIATE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING COURRED CONTRIBUTION CO	DUE TO.  (b) DUE TO.  (c) DUE TO.  (c) DUE TO.  (d) DUE TO.  (e) DUE TO.  (e) DUE TO.  (d) DUE TO.  (e) DUE TO.  (e) DUE TO.  (f) DUE TO.  (e) DUE TO.  (f) DUE TO.  (f) DUE TO.  (i) DUE T	arterios  OR AS A CONSEO  CONTRIBUTING TO  UPE  DITION FOR WHIC  OF INJURY A.M. MONTH [ P.M.  STREET, FACTORY, OFFICE  the deceased from	DAY YEAR  19 FARM. ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOC ATION  STREET	INAL DISEASE OR CON  200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU  CHTY OR IC	20b. IF YES IN CERTIF YES	S, WERE FIND IN YING CAUSES S ART LORPART 21  COUNTY	NGS USED OF DEATH? NO  STATE
-	MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse los los part 2 OTHER SIGNIFICA CHYONIC Y  9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION CONTRIBUTION COURRED  WHILE COUNTRIBUTION COURTED  WHILE COURTED  WHILE COUNTRIBUTION COURTED  WHILE COURTE	DUE TO. (c)	arterios  OR AS A CONSEO  CONTRIBUTING TO  UPE  DITION FOR WHIC  OF INJURY A.M. MONTH [ P.M.  STREET, FACTORY, OFFICE  the deceased from	DAY YEAR 19 FARM. ETC) FEBRUARES  85 . or	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR!  216. LOCATION STREET  217. LOCATION STREET  ATTY 22  19.85  nd that in (**) (our) opinion  DEGREE  ATTENDING	INAL DISEASE OR CON  200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU  CHTY OR IC	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FIND IN YING CAUSES S ART LORPART 21 COUNTY 1985 LI ond from the	NGS USED OF DEATH? NO  STATE  thot (we) lo
	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse los	DUE TO.  (c)  NT CONDITIONS GENERAL FAIL  196 CON  G	arterios  OR AS A CONSEON  CONTRIBUTING TO  URE  DITION FOR WHICH  OF INJURY A.M. MONTH [ P.M. E OF INJURY SIRRET, FACTORY, OFFICE  the deceased from 16 19-  ty ofter death.	DAY YEAR 19 FEBRUA 85 . or	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURI  216. LOCATION STREET  AT Y 22 19 85  nd that in (**) (our) opinion  DEGREE  ATTENDING PHYSICIAN	INAL DISEASE OR CON  20a AUTOPSY?  YES NO   RED (ENTER NATURE OF INJU  CITY OR IC  to APT 1  deoth occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE' IN TEM 18 P	COUNTY  1985  1 ond from the  224. DATE	NGS USED OF DEATH? NO  STATE that (we) laccouses stated

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Andrew Colonia Toda especialista de la colonia de la colon



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PORTANT:

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DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME DAY 26 HOUR (TYPE OR PRINT) Charles J. KASPAR April 14, 1985 12:04 am 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH AONTHS DAYS HOURS 21 1896 MALE CAUCASIAN a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? ( STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR CLERK ROSSVILLE (IF NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS? 8109 DUVALL AVE. 21237 15 MOTHER'S MAIDEN NAME A FATHER'S NAME FIRST MIDDLE KASPAR MIDDLE LAST SOPHIE john WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT 216102382 JOHN C. KASPAR 8109 DuVALL AVE. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pneumonia Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO I 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 4-14 220.1 certify that XI (this haspital) attended the deceased from 85 that XII (we) last 85 saw the deceased alive on T - 1 - 1 above XI (we) (did) XIX XX view the body after defining , and that in (🔖) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS James L. Gentry, M.D. 9000 Franklin Square Drive 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE SPE CIFY) BALTO. BURTAT MD OF FATTH 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNGRAD DIRECTOR Great Garden

, (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTASTYGIENE

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(10		1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 2 3. NO.	0 9	j.
12101	3		EASED NAME FIR	ST	WIOOLE		AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
be 3 eoth		(11FE	MAR	IE L	OUISE	KE	LLY	A	oril 24	1985	9:45 Pm
moy po		3 SE>		4 RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
909	01	1	Female	W	nite	Sep		82	YRS		
0 0 0 0 0 0 0 0	4		RTHPLACE (STATE OR FOREIC OUNTRY)	76 CITIZEN	OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
8 9 8	4	10 (1	MD TY OR TOWN OF DEATH		JSA	WIDOWE	DIVORCED DIVORCED	Baltin	ore Co		MD.
6	8	2	Towson	(TF NOT IN	SUCH FACILITY, GIVE STREET  Joseph H	AOORESS)		Self-em	OST OF WORKING LIFE	industry Inter	
	33	13e. S	MD E	ome or other institut COUNTY Balto.	ISC. CITY OR TOWN	/N	13d INSIDE CITY LIMITS? YES NO 🟋	12815 K	ss / zip code Canes R	d., 21	Designer 092
within distribution of the state of the stat	21	14 FA	THER'S NAME FIRST	WIODLE	LAST		15. MOTHER'S MAIDEN N	AME	₹E	LAS:	ī
omplo	20		John		eVries		Mary	E		Tor	mey
n ond c	/		(AS DECEASED EVER IN U ES, NOOR UNKNOWN) (IF	.S. ARMED FORCE YES, GIVE WAR OR DATE:			John O. D		Balto	, MD	1
equires that the death certification is signed by the ottending properties please remove corbon to buriol, cremation, or remainty, or other troumotic eventuation.		NOI	Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse (c	ich (bite ) the DUE TO (c)	o, or as a consequ o, or as a consequ	ENCE OF	CULUA ON HUNGER	MINAL DISEASE OR C		50 EN IN PART 110	TEARS
n. no beer to beer permit. ne prior	1	CERTIFICATI	190 DATE OF OPERATION	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERTIF	, WERE FINDIN	
SICIAN: Thing physicio certificate heriol-transitiem la shortem la	9	_	21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	E OF INJURY A.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCU			ART I OR PART 2)	NO []
G PHY otherdir er this the bu ond M		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOM	CE OF INJURY E STREET FACTORY OFFICE I	ARM ETC )	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
spitol or spitol or for use or of Health			22a certify that (1) (this saw the deceased all above, (1) (40) (40)	hespital) attended	1-7 1	1 -	d that in (my) (arr) opinio	n death occurred on t	he date and hour	ond from the	that (1) (we) lost couses stated
y the hos y the hos RAL DIREC detoched hote Dept.	2		Willey	of this		M		MEDICAL DIRECTOR PH	STAFF YSICIAN [	27c. DATE 4/2	SIGNED 24/85
etoined by the TO FUNERAL should be deto with the Stote IMPORTANT:			228. PHYSICIAN'S NAME William		z M D		2 W. Ur	niversity	Pkwy ,I	Balto.	, Md.
5 € 5 4 3 ₹			URIAL, CREMATION, REM			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP			Cremation	4/2		Greer	Mount	Balto			MD <sup>STATE</sup>
DHMH - 16 60M 7/ (VRA 15, 4)	84		INERAL DIRECTOR 490 NAME Henry W Je		AOORESS	Balto		PR 2 6 198	- Sunt	S SIGNAT	
	- 1		*								

Mind lealth tong Province x 12815 Know Pt. 21\_0 CILES TOTAL CONTROL TOTAL STREET Martin of the day of a sunata William & State Film Charlet Make Breen Nount

and Merical Hygere provite boriel, cremation, ar remavol.

MPORTANT: If them 21 is morked at

TO RUNERAL DIRECTOR, After should be detached for use or with the State Dept of Health

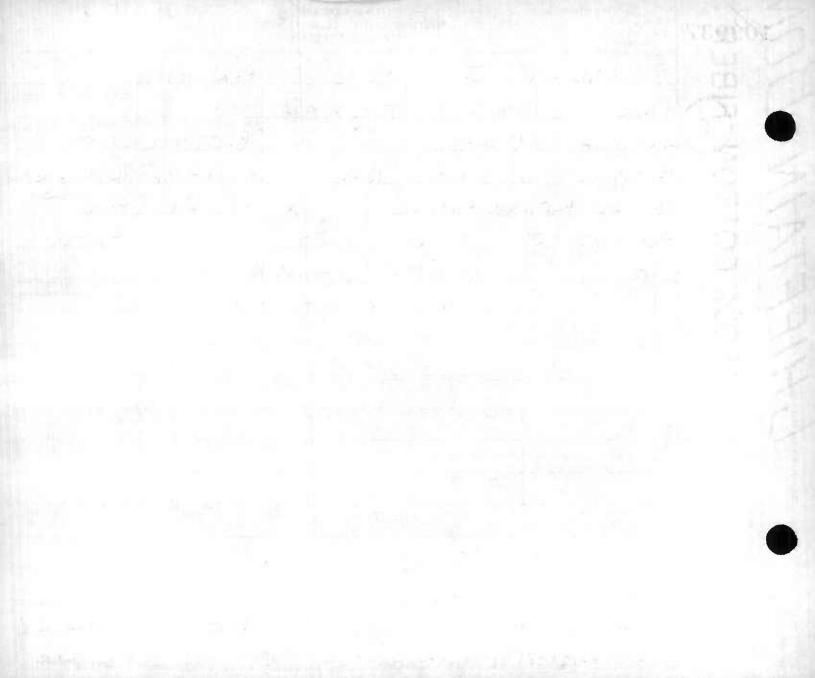
DHMH - 16 60M 7/B4

(VRA 15, 4)

BP

09037 1 - FOR 1 - STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIE
USUS - STATE	CERTIFICATE OF DEATH

	11-	STATE REGISTRAR	DEFARI	CERTI	ICATE OF DEATH	REG. 1	NO.		
		LASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		AY YEAR	26 HOUR
	(Tire)	William	J	Ks	ULS .	APRILI	1985		M
	1.5EX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
1	6	IQL5	WHITE	TUI	- c l loni	58	YRS	ONINS, DATS	HOURS MIN.
A		ETHFLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY		OF DEATH	
2	1100	Aizsnoo	12.5.A.	WIDOW	ED MEVER MARRIED L	RAITIC	MRS [	TOUG	-4 MD.
	HE CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME		120 USUAL OCCUPA		126 KIND C	F BUSINESS OR
	43	okville	ATO A PINS OF STREET	- []	OAO	CLS RK -	OF WORKING LIFE		SHOREMA
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		1			
2	130 S		MORE PARKY	LS	YES NO	3 STREET ADDRESS		ROAD	21234
> 1		THER'S NAME	AIDDLE IAST		15. MOTHER'S MAIDEN N	AME		0	
	A	DRIANUS 3	T. KSULS		10	MIDDLE		Pun	TER
1	160 V	VAS DECEASED EVER IN U.S. ARA		JRITY NO.	17 INFORMANT	ADD	RESS		
	1	(IF YES, GIVE	WAR OR DATES) 118 28 8	040	FAMILY	RECORDS			
8		18 CAUSE OF DEATH (Enter and	y ane cause per line for (a), (b), a	nd ic		3.		BETWEEN	MATE INTERVAL
	- 1	PART I, DEATH WAS CAUSED	ECAUSE (0) Recru	non	o muso car	deal cops	ulion		
		(WWEDIAN		ENICE OF	0				
		Conditions, if any, which	DUE TO, OR AS A CONSEOU	~ /	HF=				
		gave rise to immediate couse (a), stating the	)	0					
		underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCEOF	000				
ì		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION GIVE	N IN PART 1	a a
	Z								
7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES.	WERE FINDIN	NGS USED
7	M					YES NO	IN CERTIFY YES	ING CAUSES	NO
7	1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU				
		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	¥	WHITE NOT WHITE AT WORK	(AT HOME STREET FACTORY OFFICE	FARM, ETC.)	STREET	CITY OR 1	NWO	COUNTY	STATE
П		220.1 certify that (1) (this haspit	all attended the deceased from	2	1/9 10 8	1 10 4/	#	0 35	that (I) (we) last
		sow the deceased alive on	19_		nd that in (my) (our) opinio	n death occurred on the	date and hour		
i		abave, (1) (we) (did) (did not 22b SIGNATURE	) view the body after death.		DEGREE			22c DATE	SIGNED
		lossory	or (Carlley	m.D.	1 ATTENDING PHYSICIAN	MEDICAL ST.	AFF.		
		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS	DIRECTOR   FITTS	ICIAIN [		
		DR. CISORGS	n. Karkar						
		URIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	re	SMATION	4-15-1985 (	78550	Tours of	BALTIM	ORŁ	COUNTY	) ARULAND
1	24 FL	JNERAL DIRECTOR	1. 10 1100 10	3800	250 D	ATE REC'D. BY REGISTRA		RAR'S SIGNAT	TURE
	51	rans (Haps)	FMEMORRESHA	READI	ROAD 1	PR 1 6 1095	200 1	Said .	Danda DO
		TITLE CITE LAC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-101/2				THE CONTRACT	1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 123105 20 DATE OF DEATH DECEASED NAME W. KILBORE 26 4LL EN (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED BALTO, COUNTY DIVORCED WIDOWED CITY OR TOWN OF DEATH ESSEX RETIRED 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE ESSEX BALTO EAST ORVILLE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME J. RINGLET KILGORE 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 23718 8865 JUNE KILGORE UNK 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cona Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF POSTEROTERS VOS COLOR cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED per NO -transit p 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY à CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) parked NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased fram... saw the deceased alive an\_ and that in (my) (our) apinion death accurred on the date and have and from the causes stated abave, (1) (wer(did) (did nat view the bady after death 22b. SIGNATURE DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deta

MPORTANT

J. 5 CONNELLY

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

OLATT. MD

236. DATE

FOR

STATE OF MARYLAND

2b. HOUR

IF UNDER 24 HRS.

IF UNDER TYPAR

21221

ABOUE

20b. IF YES, WERE FINDINGS USED

COUNTY

22c DATE SIGNED

YES [

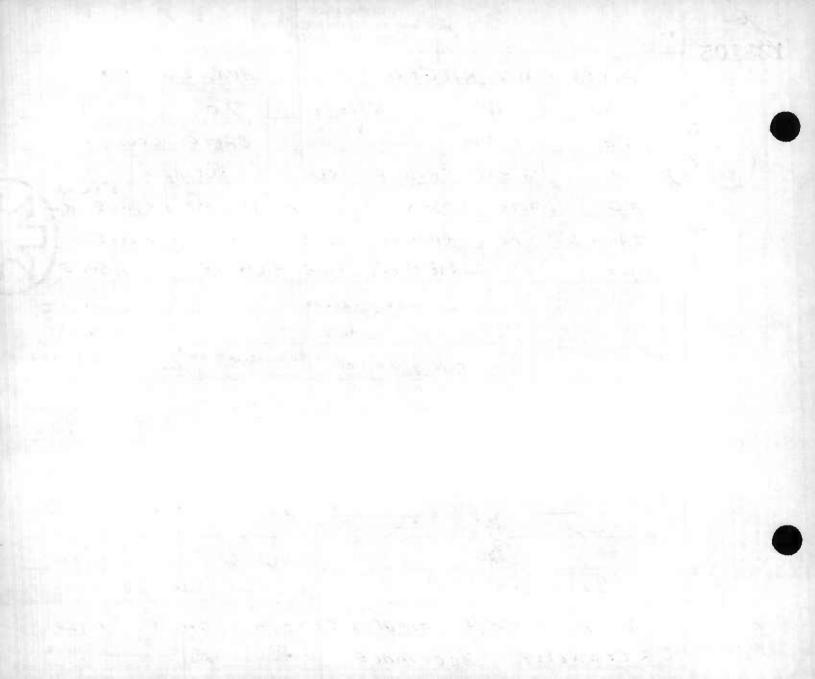
IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

NO I

STATE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY GARDENS OF FAITA 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		KILLEN	20 DATE OF DEATH	18 8	26 HOUR 35 9:34AM
3. SEX Male	4 RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
7a 81RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COU	MARRIE		BUHMO!	e Count	Ly MD
10 WSO N	11. NAME OF HOSPITAL, USANT IN SUCH FACILITY, GI		4.7	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	OD OF BUSINESS OR
130. STATE 136 CO.		TETMONE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE AV.	21234
14 FATHER'S NAME FIRST  Ballard	Killen	AST	15 MOTHER'S MAIDEN NA.	MIDDLE	Cantr	'ell
	GIVE WAR OR DATES)	10-5990	Mrs. Edith	ADDRES  E. Killen S	Same as #	13e
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY.	(RATONY - (	CARDIAT ADDES			PROXIMATE INTERVAL VEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse Iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  COLOR		NSEQUENCE OF	151 1-640 4-	AINAL DISEASE OR COND	SAASA 1 As -	RT 110
190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	T (BASA)	N WAS PERFORMED	YES NO	NO. IF YES, WERE FI IN CERTIFYING CAI YES []	
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN TID INJURY OCCURRED  WHILE NOTIFY HILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURI		IN ITEM 18 PART I OR PAR	RT 2)
22a.1 certify that (1) (this has sow the deceased alive of		19 85 0	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN IN	death accurred on the do	270 0	, that (I) (we) last in the causes stated DATE SIGNED
GROBERT/		7/0	77e ADDRESS	Ro, Coccersus		
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
Burial 24 FUNERAL DIRECTOR	4/22/85	Gardens	of Faith	Baltiomre E REC'D. BY REGISTRAR	Maryland	NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

Leonard J. Ruck, Inc. Baltimore, Md.

APR 2.2 1985

Tunden Pendette

217() THE I REPORT TO A PARTY OF THE PROPERTY AND A PROPERTY OF THE PARTY OF Destroyal Appellation districts on carriers with the particular

compared d. Duch. And. dallahorge. Dil. ... Let ... December ...

K114052	1 -	FOR STATE REGISTRAR			STATE OF MARYLA T OF HEALTH AND M ERTIFICATE OF D	MENTAL HYG		2n 1 0	)
/)	1 DEC	CEASED NAME FIRST	MIDDLE		LAST	22171	REG. NO.  20 DATE OF DEATH , MONTH	H DAY YEAR	76 HOUR
0 W.E		OR PRINTI	K	h.10 -			11.0	ICS	2007 M
	3. SE)	100 VICT	1 RACE	11401	DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
Poge 4 moy	J. JE	Μ.	WHITE		AUG 12	1903	81	YRS. DAY	
9 72° e.		RIHPLACE (STATE OR FORFIGN COUNTRY) ENGLAND	76. CITIZEN OF WHAT US A	/	MARRIED NEVER M	ARRIED	BALTIMORE CITY OR CO		
er de fun within do	₩.CI	TY OR TOWN OF DEATH		TAL, NURSING H	OME OF OTHER INST		12a USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
ま きを持ち	1/ 1/2	ndallstown		00 276	Coty Fer	renel	130TCHER	KING LIFE) INDUSTR	
filled in	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RE NTY 134 C PU	SIDENCE BEFORE ADA ITY OR TOWN YESVILLE	YES 🗌	NO 🛛	130 STREET ADDRESS / ZIP 3710 PINLEA		208
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician and completely filled index os the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.	PA	THER'S NAME FIRST BRAHAM	MIDDLE	SHTER		MAIDEN NAM	WE	Voli	LAST NSKY
MORE, My n and comp Pages on			MED FORCES? 166 S	OCIAL SECURIT	CAST A 1	Lerne	ADDRESS 1 3710 PINTE	a. Pd	2/208
e be ers. P	_	18 CAUSE OF DEATH (Enter o	elu eno seuro nos lico fo	y (a) (b) and is	37 Carole	Lang	2/10////		OXIMATE INTERVAL EN ONSET AND DEATH
physicic onpoper emovol.		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)	andio-	Consec Ton	, fai-	lare	BETWEE	1 As
on so received the cereived to so received to so re			DUE TO, OR AS A	CONSEQUENC	E OF A C A	1			e 3 m
PRESTON ne death ce smove corb motion, or or r troumotic		Conditions, if any, which gove rise to immediate	(b)		MOCH	()		<u> </u>	ears
W. P		couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENC	E OF				
s, 201 gred b in pleos buriol, ry, or o	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEA	TH BUT NOT RELATED	TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN IN PART	lto:
required signal of the signal	TION	Kheen	nolvid a	ithril.	N		Too war one wa	IF YES, WERE FINI	Ohlos uses
he low reon.  hos been to permit. There is prior.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OP	ERATION WAS PERFOR	KMED		CERTIFYING CAUS	
IVISION OF VITAL R G PHYSICIAN: The li ottending physicion. ter this certificate has s the buriol-transit per n and Mental Hygiere rked or them it stren		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 44 4		YEAR 21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART T OR PART 2	2)
SION OF VI PHYSICIAN: ending physical this certifico the buriol-tror ad Mentol Hy	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.		19				
S PHY (trending) The burners the burners ond M ked or	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN.		211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
DING or off se os the morke		AT WORK AT WORK		p-1	Was 16 25	95	Gonit 10	10 65	
Z - @ > + .5		220.1 certify that (I) (this hosp saw the deceased alive or	GARAL D	19 8	5 , and that in (my) (	(our) opinion o	death occurred on the date or		_, that (I) (we) lost the couses stated
OR ATTEN OR ATTEN The hospital DIRECTOR Sched for up Hitem 21 is		obove, (I) (we) (did) (did no 22b. SIGNATU	at) view the body after o	deoth.	DEGREE			22c. DA	ITE SIGNED
		79 M	alp	ms	. P	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	· 4/	120/85
00 70-0/		1226 PHYSICIAN'S NAME ITYPE	OR PRINT)		21 Chan	לכתרואו	YRd Carle	mille !	Md 21036
TO Horizon To Figure 10 PM Vieth 1 PM PO PM VIETH 10 PM	23o. F	SURIAL, CREMATION, REMOVAL	73b. DATE	23c NAA	AE OF CEMETERY OR C	REMATORY	23d. LOCATION	my My	14 -010
BP		DURIAL	4/21/85	Hebre	1 1	ID.	Battimore	COUNTY	MD.
DHMH - 16 50M 4/83	24 FL	JNERAL DIRECTOR	1			250 DAT	E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGN	IATURE COLO
(VRA 15, 4)	Hes	rew Memorial F. H	I. Inc 1100/	Reistersto	world 21208	APR	2240855	- war i hor-	Rendelle



	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLA LEALTH AND N ICATE OF D	AENT AL HYC	GTENE	REG. NO	) 2,	1 4	
07055		CEASED NAME	FIRST		WIDDIE		AST		20. DATE O	FDEATH	MONTH DA	Y YEAR	2b. HOUR
1 11	1115	: OR PRINT)	Ruth		В.		Knipp		aA l	ril 1	1. 1985	5	2:25 A
6 8 9	1. SE			4. RACE CAUC	ASIAN	5. DATE (		YEAR		YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 41		FEMALE (STATE	OR FOREIGN		WHAT COUNTRY?	02	16	18		ORE CITY O	YRS.	DE DEATH	
1 to		ARYLAND	ON FOREIGN	US	A	WIDOWI		ORCED	Ba	ltimo	re Cour		M
1 1 5	R	OSSVILL	E	RANK	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET LIN SQUA	RE H	OSPITA				ON F WORKING LIFE)	126 KIND CONDUSTRY DEPA	RT. ST
Illed in	usu WA	AL RESIDENCE (**)	IIII COU	R OTHER INSTITUTION NTY FORD	JOPPA			NO 💢		ADDRESS / Harb		2108 de Dr	5 Apt.
And	14. F/	GEORGE		MIDDLE	LAST BA	GOT	15 MOTHER'S	E IDS T	AME	WIDDIE		DO	WNS
1 000 m		WAS DECEASED EN		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMAL			ADDRE	SS		
P COO		NO	(# 103,0	IVE WAR OR DATES!	2141210	11	MARY	JANE	SHANK	615	SHOR	E DR.	20.0
been signed by conf. Then please by prior to buriel, it can prior to buriel.	CERTIFICATION	PART 2 OTHER S	IGNIFICANT		CONTRIBUTING TO I	ticemia  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED						, WERE FINDINGS USED	
N S S S S S S S S S S S S S S S S S S S	¥	-							YES K	NO	YES		OF DEATH?
drig physici drig physici is certificate burishment Mental Hyg or hemal Hyg	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC	CAUSE OF DE	(R) HOUR A	P.M. OF INJURY	AY YEAR 19	211 LOCATIO		RED (ENTERN	ATURE OF INJUI	RY IN ITEM IS PAR	COUNTY	STATE
ADING PL or other than as the south and	W	AT WORK AT	T WHILE WORK	oital) attended t	TREET, FACTORY, OFFICE F	Apri		_, <sub>19</sub> 85	10_A	pril		95	that (we) las
AL OR ATTED y the hospital AL DIRECTOR detached for city Dept. of H	100	276. SIGNATURE	br	April April	y ofter death.		W) P	TTENDING PHYSICIAN [	MEDICAL		F	22c. DATE	
O HOSPII to FUNE TO FUNE THE SA		22d PHYSICIAN'S		s Page	M D		17e ADDRESS		lin So	uare	Dr 21	1237	
5 5 5 5 3	23a	BURIAL, CREMATIC				NAME OF C	EMETERY OR C		23d. LOC	ATION	11.,		
BP	1	BURIAL		4/	15/85 I	AKE	VIEW C	EMETE		KESV	ILLE-	CARRO	THE STATE
DHMH - 16 50M 4/83		UNEXAL DIRECTO	- 0	1011	ADDRESS	1		250 AP		1985 RAR	25b. REGISTR	ÁR'S SÍGNA	TURE

TO HOSPITAL

BP.

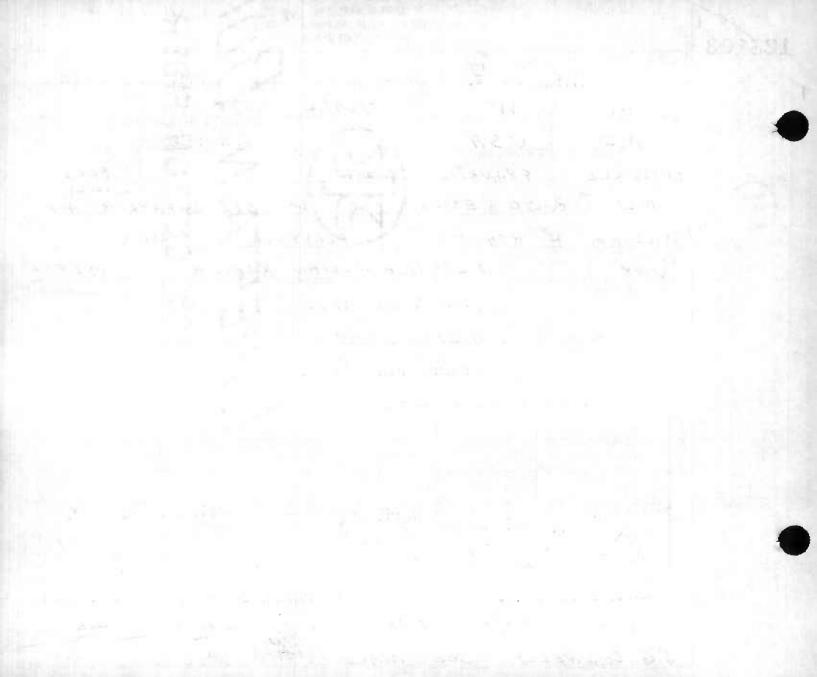
DHMH - 16 60M 7/84 (VRA 15, 4)

123103

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR STATE REGISTRAR			DEP		EALTH AND MEI		REG. NO	D.			
			FIRST	М	DOLE	t.	AST			MONTH D	AY YEAR	26 HOUR	
	(TYPE	E OR PRINT)			m.	KOHLE	D	- 4	Any	20	1005	6:16r	
	3. SEX		11 iam	CE	-	5. DATE O		6	AGE (IN YEARS LAST BIR	HDAY)	1985	IF UNDER 24	
,	1	M		W		MONTH	8/29/1	YEAR YEAR	70	YRS	ONTHS DAYS	HÖURS	MIN.
1		IRTHPLACE (STATE OR FOR COUNTRY)	REIGN 76. C	ITIZEN OF W	/HAT COUNT	RY?     B.   MARRIEL   WIDOWE	NEVER MAI	RRIED 🛄	Baltimore city o	-			MD
1	[8 CI	ITY OR TOWN OF DEATH				RSING HOME O	R OTHER INSTITU	JTION	26. USUAL OCCUPATI	ON	12b. KIND O	F BUSINES	
1	- 23	OSSVILLE		FRAM	FACILITY, GIVES	, Squ	ARE		(TYPE OF WORK FOR MOST O	F WORKING LIFE		000	
5	13a S	AL RESIDENCE (IF NURSING	BAL		13c. CITY OR 1	EFORE ADMISSION) FOWN	13d INSIDE CITY	LIMITS?	3 e STREET ADDRESS	ZIP CODE	LOR	AV.	E
2	)	ATHER'S NAME FIRST  V(LL/AM	MIDDLE	KOH	LER		15. MOTHER'S M	REN	MIDDLE	COLTA	ER LAS		
,	16a V	WAS DECEASED EVER IN			166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRE	55			
	0	V N K	(IF YES, GIVE WAR	OR DATES)	Z12-0	9-7526	LILL!	AN.	KOHLER		6	780	rE
		18 CAUSE OF DEATH PART I. DEATH WAS	S CAUSED BY				ry Arres	+			BETWEEN	MATE INTERVI ONSET AND DI	ATH
١		IA.	AMEDIATE CA				Ty Arres	L					
		Conditions, if any,		DUE TO, OR		equence of rdial In	farction						
		gove rise to imme couse (a), stating underlying couse	diote )	DUE TO, OR		QUENCE OF			74				
				(c)		_	ry Disea						
	z	PART 2. OTHER SIGNIE					NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 110		
_	NT IO	19a DATE OF OPERATION	ert ab	ove kn	ee amp	utation	N WAS PERFORM	· ·	20g AUTOPSY?	Tank IEVES	WERE FINDIN	ICS LISED	
1	CERTIFICATION	DATE OF OPERATION		190. CONDI	IOI4 FOR WE	IICH OFERATIO	N WASTERFORM	NED.		IN CERTIFY	ING CAUSES	OF DEATH	2
_	ERT	21g. ACCIDENT WAS UNDER	ILYING [	71b. TIME OF	INTURY		71r HOW INJUI	RY OCCURRE	YES NO	YES		NO 🗍	
,		OR CONTRIBUTING CA	USE OF DEATH			DAY YEAR		occome	D (EMERIANIDAE OF 1990)		K. 1 (Jil 1 - KK)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.M PLACE C		19	211 LOCATION						
	MEC	WHILE AT WORK		(AT HOME, STRE	ET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	51A	TE
		220 1 certify that X (t	his hospital) a	ttended the	deceased fro	om Apri	1 30	1985_	_, to April	30,	9-85	that (we	e) lost
		now the deceased above. (  we)   dic	olive on A Al	w the body o	ofter death.	19 <u>85</u> , on	id that in ( ) (ou	ır) opınion de	oth occurred on the de	ote and hour	and from the	couses state	ed
		THE SIGNATURE	B	26	-2	mo		ENDING YSICIAN	MEDICAL STAI		22c. DATE	SIGNED /	35
		22d. PHYSICIAN'S NAM	AE (TYPE OF PRIM	1			22e. ADDRESS	OKIMIY U	J. J		1 //	1	
		Keith En	alish.	M.D.		34	9000	Frankl	in Square	Drive	Balto	212	37_
		BURIAL, CREMATION, RE		DATE			EMETERY OR CRE	MATORY	23d LOCATION CITY OF TOWN		COUNTY	STA	TE
		BURI	96	5/3/	85	OAK	LAW,	-	BALT		n	1Q	
	24_FU	UNERAL DIRECTOR			ADDRI	455			REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE	
		TE COL	MEI	14	30	0 1	AC =	MA	1005	and a second	7	Pandalla	



within 24 hours ofter

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

etoined by the haspital or attending physician

DIVISION-OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIEIC ATE OF DEATH

	5 1 C 5 D 1 1 1 1 1 5												
	EASED NAME	FIRST	1	MIDDLE		LAST		2a. DATE OF D	EATH	MONTH	DAY YEA	R 2b H	OUR
TYPE O	OR PRINT)	Sylva	n Irv	in Koppe	lman			April	21,	1985		6:	00p
3 SEX		4	RACE			OF BIRTH		6. AGE (IN YEAR	S LAST BIR	THDAY)	IF UNDER 1 Y		DER 24 F
1	Male		White		4	7 PAY	12	73		YRS	MONTHS! D.	AYS HOU	S N
	THPLACE (STATE OF F	OREIGN 76		WHAT COUNTRY?	8	D NEVER A	ANDED [	9. BALTIMORE	CITY O	R COUNT	Y OF DEATH	4	
Ma	aryland		U.S		WIDOWE	-	VORCED	Bal	timo	re Co	unty		
	Balto.	TH [1]	LENOT IN SUC Frank	HOSPITAL, NURSIN HFACILITY, GIVE STREET Lin Squar	ADDRESSIOS	OR OTHER INST	ITUTION	12a USUALOC (TYPE OF WORK FO \$ales	OR MOST O		IFE) INDUST	D OF BUS TRY othir	
13a. ST.	ld.	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW Balto.	E ADMISSION) /N	13d. INSIDE C	NO D	13: STREET AD 120 Ju	DRESS / dywo	ZIP COD	e ane	2122	
1	HER'S NAME John	MIE	DOLE	Koppelma	an		S MAIDEN NA/ FIRST <b>3</b>		MIDDLE		Schoe	n n	
	AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT		ADDRE	SS			
AE	S NO OR UNKNOWN)	UF YES GIVE W		215-01-7	7021	Mrs. He	elen Ko	ppelman		- Sam	ne as	#13	
1	18. CAUSE OF DEAT	H (Enter only	one couse ner	line lor (a), (b), on	dic		,	,			APP	ROXIMATE IN	ITERY A
	PART I. DEATH W	IMMEDIATE		Cardiopul	monar	ry Arras	:+ '		. *				
	Conditions, if ony, gove rise to imm	nediote ig the	(b)	RAS A CONSEOUE ACUTE CE RAS A CONSEOUE	erebro	ovascula	ar Acci	dent					
	gove rise to imm	nediate ag the lost.	(b)	Acute Ce	erebro ENCE OF			**	OR CON	DITION GI	VEN IN PAR	Tho	
	gove rise to imm couse (a), statin underlying couse	nediate g the last.	DUE TO, OI	Acute Ce	ENCE OF	T NOT RELATED	TO THE TERM	INAL DISEASE (		20b. IF YE	VEN IN PAR	NDINGS U	SED EATH?
CERTIFICATION	gove rise to immore couse (o), stoting underlying couse	nediate g the lost.  NIFICANT CO	DUE TO, OI  (c)  NDITIONS CC  19b CONDI  21b. TIME O HOUR A.	Acute Ce R AS A CONSEQUE DISTRIBUTING TO D ITION FOR WHICH	EREDECE OF	T NOT RELATED DN WAS PERFO	TO THE TERM	INAL DISEASE (	NO <b>X</b> X	20b. IF YE IN CERTI	S, WERE FIN IFYING CAU	NDINGS U ISES OF DI NC	ATH
MEDICAL CERTIFICATION	gove rise to immore couse (a), stotin underlying couse  PART 2 OTHER SIGN  9a. DATE OF OPERA  21a. ACCIDENT WAS UNE OR CONTRIBUTING	mediate g the lost.  NIFICANT CO  TION  DERLYING	DUE TO, OI  (c)  19b CONDI  19b CONDI  21b TIME O  HOUR A.  21e PLACE	Acute Ce  R AS A CONSEQUE  DITRIBUTING TO I	EREBECE OF  DEATH BUT  OPERATIO  AY YEAR  19	T NOT RELATED DN WAS PERFO	TO THE TERM  RMED  JURY OCCURR	ZOG AUTOPS YES NATU	NO <b>X</b> X	20b. IF YE IN CERTI YI	S, WERE FIN IFYING CAU	NDINGS U SES OF DI NC	ATH
MEDICAL CERTIFICATION	gove rise to immodule to immod	mediate ig the lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  RR.	DUE TO, OI  (c)  196 CONDI  216. TIME O HOUR A. P. 21e PLACE I (AT HOME. STR	Acute Ce  R AS A CONSEQUE  DITION FOR WHICH  DEFINJURY M. MONTH DA  M.  OF INJURY REET, FACTORY, OFFICE F	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM. ETC.)	T NOT RELATED  ON WAS PERFO  21c HOW IN  211 LOCATIC	TO THE TERM  RMED  JURY OCCURR	ZOG AUTOPS YES NATU	SY?  NOXX  RE OF INJUS	20b. IF YE IN CERTI YI RY IN ITEM 18	S, WERE FIN IFYING CAU ES D PART I OR PART	NDINGS U SES OF DI NC	STA
MEDICAL CERTIFICATION	gove rise to immodule to immod	mediate ig the lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  Jake  Jake	DUE TO, OI  (c)  196 CONDI  216. TIME O HOUR A. P. 21e PLACE: (AT HOME, STR	Acute Ce  R AS A CONSEQUE  DITION FOR WHICH  DEFINJURY  M. MONTH DA  M.  DEFINJURY  REEL FACTORY, OFFICE F  e deceosed from	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM. EIC.)	T NOT RELATED  ON WAS PERFO  21c HOW IN  211 LOCATIC	TO THE TERM  RMED  JURY OCCURR  DN	200 AUTOPS YES NEED (ENTERNATURE)	SY?  NOXX  RE OF INJUS  CITY OR TO	20b. IF YE IN CERTIN YIN ITEM 18	S, WERE FINING CAU ES  PART 1 OR PART  COUNTY	NDINGS U SES OF DI NC	STA
MEDICAL CERTIFICATION	gove rise to immodule to immod	mediate ig the lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  Jake  Jake	DUE TO, OI  (c)  196 CONDI  216. TIME O HOUR A. P. 21e PLACE: (AT HOME, STR	Acute Ce  R AS A CONSEQUE  DITION FOR WHICH  DEFINJURY  M. MONTH DA  M.  DEFINJURY  REEL FACTORY, OFFICE F  e deceosed from	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM. EIC.)	TNOT RELATED  ON WAS PERFO  21c HOW IN  211 LOCATIO STREET  B  Ind that in (**)  DEGREE	TO THE TERM  RMED  JURY OCCURR  ON	200 AUTOPS YES NEED (ENTERNATURE)  To Apr death occurred to	SY?  NOXX  RE OF INJUIT  CITY OR TO	20b. IF YE IN CERTI YI YI IN ITEM 18	S, WERE FINITED TO SERVING CAUSES TO SERVING CAUSES TO SERVING COUNTY COUNTY TO SERVING	NDINGS U SES OF DI NC 21  , that the couse:	STA (we stote
MEDICAL CERTIFICATION	gove rise to immodule to the couse (a), softing the couse (b), softing the couse (couse	mediate g the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH CAL EXAMINER  RED  ARE  ARE  ARE  ARE  ARE  ARE  A	DUE TO, OI  (c)  196 CONDI  216. TIME O HOUR A. P. 21e PLACE: (AT HOME, STR	Acute Ce  R AS A CONSEQUE  DITION FOR WHICH  DEFINJURY  M. MONTH DA  M.  DEFINJURY  REEL FACTORY, OFFICE F  e deceosed from	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM. EIC.)	21c HOW IN  211 LOCATIC STREET  DEGREE	TO THE TERM  RMED  JURY OCCURR  ON  19 85  (our) opinion (	200 AUTOPS YES NEED (ENTERNATULE)  to Apr death occurred of	SY?  NOXX  RE OF INJUR  CITY OR TO	20b. IF YE IN CERTI YI YI YI ITEM 18	S, WERE FINITED TO SERVING CAUSES TO SERVING CAUSES TO SERVING COUNTY COUNTY TO SERVING	NDINGS UNISES OF DING	STA (we stote
MEDICAL CERTIFICATION	gove rise to immodule to immodule the couse (a), softin underlying couse  PART 2 OTHER SIGN  71a. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL COURT WAS UNCORDED TO THE COURT WAS USED TO THE COURT WAS UNCORD WAS USED TO THE COURT WAS USED TO THE COUR	DERLYING CAUSE OF DEATH CALEXAMINER) RED  AME (TYPE OR P	DUE TO, OI  (c)  196 CONDI  216. TIME O HOUR A. P.  21e PLACE (AT HOME, STR  ottended th	Acute Ce  R AS A CONSEQUE  DITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE F  e deceosed from  21  19  The death	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM. EIC.)	216 HOW IN  211 LOCATIC STREET  DEGREE  A  226 ADDRES	TO THE TERM  RMED  JURY OCCURR  ON  19 85  (our) opinion of  ATTENDING PHYSICIAN	200 AUTOPS YES NEED (ENTERNATURE)  , to Apr death occurred of the control of the	SY?  NOTE OF INJUST  THE OF INJUST	20b. IF YE IN CERTI YI YI YIN ITEM 18	S, WERE FIN FYING CAU ES PART I OR PART COUNTY 19_85 ur ond Irom 22c. D	NDINGS U SES OF DI NC 21  , that the couse:	STA (we stote
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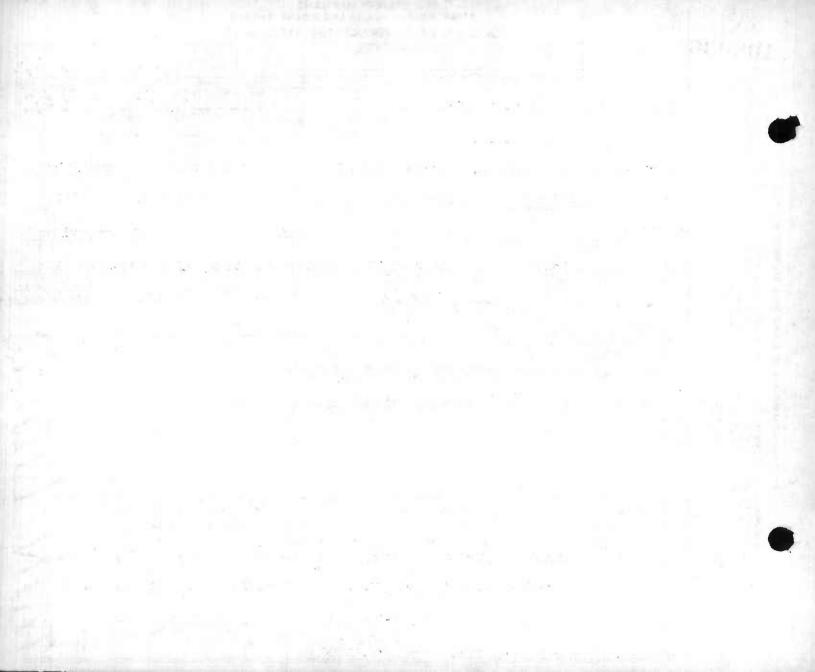
DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Balto., Ma.



STATE OF MARYLAND



DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
 La BAT

		STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.		
CL		CEASED NAME FIRST	N	AIDDLE	L	AST		DAY YEAR	2b HOUR
	(TYPE	JOSEPH	INE	M.	KREA	SECK	April 23, 198	35	2:05
	3 SEX	(	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 F
4	F	emale	White		Apr	il ~30 1928	56 YRS	MONTHS DAYS	HOURS A
15	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Onnecticut	U.S.A.	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City or County  Baltimore Co.		
X	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING ACCILITY, GIVE STREET, LILOWShi	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND O INDUSTRY Home	F BUSINESS
32	ijeUA Ja S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 134 CITY OR TOW 21204	ADMISSION)	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE 4-D Fellowsh		212
130	I4 FA	THER'S NAME Donato	WIDDLE	Andren	ni	15. MOTHER'S MAIDEN NAM Maryanne	WIDDIE	Poppi	ne
/wedcol		VAS DECEASED EVER IN U.S. (ES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	042 22		Joseph -	Kreaseck 4-D 1	Fellow	ship
£ ,		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly one cause per JSED BY: JATE CAUSE (0)	line far (o), (b), on	d IC+ I	Juney arrest		BET WEEN C	MATE INTERVA
other troumatic		Canditions, if ony, which gave rise to immediate couse tot, stating the underlying couse lost.	(b) t	AS A CONSEQUE RAS A CONSEQUE		y whenthis	ing cholangile colité		
0									
njury, oc	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO !	Rali	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	EN IN PART 110	
Z injury, or	TIFICATION	PART 2 OTHER SIGNIFICAN  WCLL  190 DATE OF OPERATION	, herati	LACY TION FOR WHICH	halr	rauty	20a AUTOPSY? 20b. IF YES	EN IN PART 116 S, WERE FINDIN YING CAUSES S	IGS USED
tem 18 shake any injury, or	CAL CERTIFICATION	ascite	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	halr	WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH
rhed or tem 18 shiltys any injury, or	MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONDI  196 CONDI  DEATH HOUR A./ INIER)  21e PLACE	FINJURY M. MONTH DA	AY YEAR	WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH NO
1.21 is marked or than 18 shifts any injury, or	0.52	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED AND	196 CONDI  196 CONDI  196 CONDI  21b. TIME OI HOUR A./ HOUR A./ 21e. PLACE C (AT HOME STRI	FINJURY M. MONTH DA M.  DF INJURY EET, FACTORY OFFICE, F	OPERATION  AY YEAR  19  FARM ETC.)	21c. HOW INJURY OCCURR 21f LOCATION STREET	200 AUTOPSY?  YES NOW YES VERY NOTIFIED (ENTER NATURE OF INJURY IN ITEM 18 P.	COUNTY	IGS USED OF DEATH NO
of if them 21 is marked or than 18 shifter any injury, or	0.52	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED AT WORK  22d. I certify that (1) (IT is he	196 CONDI  196 CONDI  196 CONDI  21b. TIME OI HOUR A./ HOUR A./ 21e. PLACE C (AT HOME STRI	FINJURY M. MONTH DA M.  DF INJURY EET, FACTORY OFFICE, F	OPERATION  AY YEAR  19  FARM ETC.)	216. HOW INJURY OCCURR  216 LOCATION STREET  4 19 Ind that in (aur) opinion of DEGREE  WD ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOW YES NOTE:  YES NOW YES  ED (ENTER NATURE OF INJURY IN ITEM 18 P.	COUNTY	STA
PORTANT If them 21 is marked or them 18 shiftings any injury, or	0.52	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED  LE NOT WHILE AT WORK  22a I certify that (I) (this has so well as the deceased of the obove (I) well idea (id) (id)	I 196 CONDI  I 196 CONDI  DEATH HOUR A./ HOUR A./ 108 PLACE (AT HOME STR  espitol attended the part of the body  A Mulli  PE OR PRINT)	TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  EET, FACTORY OFFICE, F  deceosed from 19 ofter deoth.	OPERATION  AY YEAR  19  FARM ETC.)	216 LOCATION STREET  216 LOCATION STREET  ATTENDING PHYSICIAN  226 ADDRESS	200 AUTOPSY? YES NOW YES IN CERTIFYED (ENTER NATURE OF INJURY IN ITEM IB P.	COUNTY  19  22c. DATE  4/2	STA STAR STAR STAR STAR STAR STAR STAR S

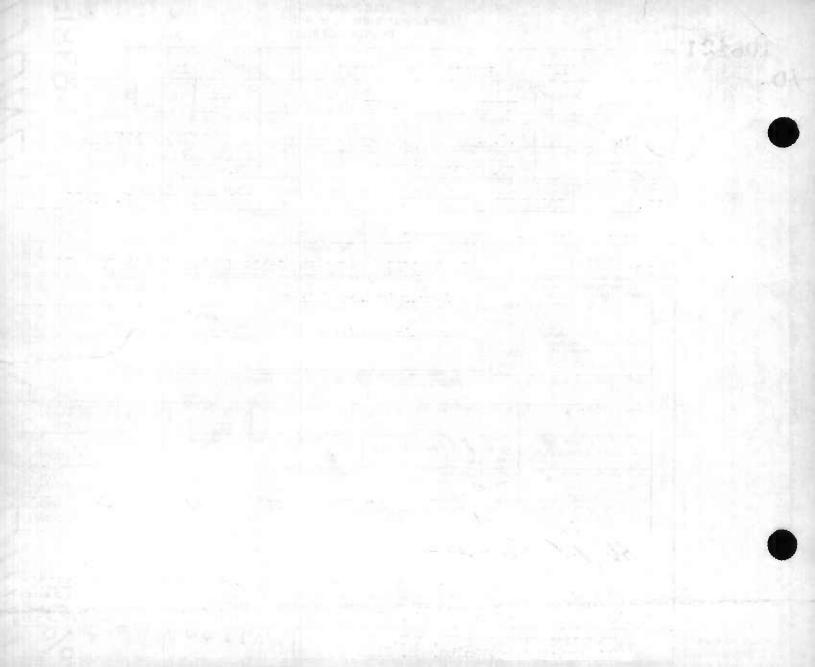
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THE RESERVE OF THE PROPERTY OF

(VRA 15, 4)

STATE OF MARYLAND



129011	1-	FOR STATE REGISTRAR	STATE OF MARYLAND B DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	0
noy be poge 3		EASED NAME FIRST  OR PRINT)  CHARLES		YEAR 26. HOUR 85 8 30 AM
4 000	3. SEX	MALE	4 RACE S DATE OF BIRTH WONTH DAY YEAR AND YEAR AND YEAR WONTHS YEAR YEAR YEAR YEAR YEAR	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
rer death. Page to funeral direct within 72 hours	C	THPLACE (STATE OR FOREIGN QUINTRY) ENUSY VALIA	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED ON SECONTY OF DE. WIDOWED DIVORCED COUNTY (BALK	
by the	RA	Y OR TOWN OF DEATH	BACTIMORE GUNTY GEN HOST MECHANIC TINDER TO MECHANIC	KIND OF BUSINESS OR USTRY
in 24 hourshould be should be in should be	13a. S1	md. BAI	130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE 139 Wilgate Rd.	21117
A 10 30		MICHAEL		tiewicz
e medico		AS DECEASED EVER IN U.S. AR es, no or unknown) (1F YES, GIV	inewarordates) 191-01-4120 Ruth Kulka Owings Mills	
ertificate g physic son paper remavol.		PART I. DEATH WAS CAUSE		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
the death ce the ottendin remove cable emotion, or e er traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
es that the ned by the please ren vrial, crem		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
n sign Then r to b	TION	COPD	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	FINDINGS USED
he low r ion. hos bee it permit.	CERTIFICATION	190 DATE OF OPERATION	176. CONDITION FOR WHICH OPERATION WAS PERFORMED    100. AUTOPS1.   105. WEEK   N. CERTIFYING C   YES   NO   YES   YES	AUSES OF DEATH?
IVSICIAN: The ding physicion as certifician buriof-tronsing Mental Hygier are trem 18 shown them 18		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	PART?}
NG PHYSICIAN: The low ottending physicion. Ifter this certificate has be as the buriol-tronsit permit hand Mental Hygiene provided or Item 18 shows or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	TAL POME. SINCE PART ETC	UNITY STATE
TENDIII ntol or OR: A prinse f Healt		sow the deceased alive an above, (I) (we) (did) (did no	nat) view the body after death.	rom the couses stated
ral OR AT y the hosp tal DIRECT detached fr ote Dept. o		The signature	Saleham 1 MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	4/Softs
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State I IMPORTANT: If		TASNEEM	CAKHANI MD SHOT OLD COURT RD, RAT	NDALLITOM
BP	230 B	URIAL, CREMATION, REMOVAL SCIEY)	MAY3, 1985 Everqueen Wem. GAV. Finkslung CA	1133.
DHMH - 16 50M 4/83		NERAL DIRECTOR SOL	Of ODDRESS WILL I WAY 06 BE Sking Davidson	SIGNATURE



STATE OF MARYLAI DEPARTMENT OF HEALTH AND M

FOR

STATE OF MARYLAND S

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	O.		
Ì	I. DECEASED NAME FIRST	A	AIDDLE	L	ST		MONTH	DAY YEAR	2b. HOUR
ı	MARIE .			LANDO	RAF		4	15 85	9:254 M
Ì	3. SEX	4 RACF		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
ı	FEMALE	WHITE		MONTH 06	19 1900	84	YRS.	MONTHS DAYS	HOURS MIN.
ł	To. BIRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DEATH	
1	MARY LAND	U.S.A		WIDOWE	NEVER MARRIED	BALT IMO	RE CO	UNTY	MD.
1	III CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
1	RANDALLSTOWN	740	HEACHITY, GIVE STREET		ERAL HOSPITAL	HOMEMAKE		LIFE) INDUSTRY	
‡	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)					
1	MARYLAND CAR	ROLL	SYKESVI		136. INSIDE CITY LIMITS? YES NO 🔀	12494 IND			WE 2178/
1	14 FATHER'S NAME	KULL	SIVESAT	تلبايا	15. MOTHER'S MAIDEN NAM		TUTA I	TELL DICE	VE, 21/04
J		MIDDLE	COD TD A		FIRST A NTATE:	MIDDLE		FUR	
7	PHILLIP	MED FORCES?	SCRIBA 166. SOCIAL SECU	IRITY NO	ANNE 17 INFORMANT	ADDRE	SS CSZY		
ł	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)					DIL	ESVILLE	
1	NO		218-36-		VERNON H. LA	ANDGRAF 124	94 11		
1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per		0 0	1/1.2010	/	· T	BETWEEN	MATE INTERVAL ONSET AND DEATH
ı	IMMEDIA	TE CAUSE (o)	CERC	BEO	VASCULAR	HUEENE	NI		
ı	1	DUE TO, O	R AS A CONSEQU	ENCE OF				1	
ı	Conditions, if ony, which	(dıb)							
ı	gove rise to immediate couse (a), stating the	DUE TO. OI	R AS A CONSEOU	ENCE OF					
1	underlying couse lost.	(c)							
1	PARTA OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	01
1	1 DIABETUS	MELLI	TUS,	CELLI	· LITTS. E CIA	NIKENE	CI	Great	GYTROMO
Л	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
1	E					YES NO		ES []	NO [
1	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
ı	OR CONTRIBUTION TO CAUSE OF DE	KIP!	M. MONTH D.	AY YEAR					
ı	(IF EITHER, NOTIFY MEDICAL EXAMINES	21e. PLACE	OF INJURY		211 LOCATION				
ı	NOT WHILE AT WORK	( AT HOME STA	EET. FACTORY, OFFICE, 1	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
١	22a. I certify that (I) (this hospi	ital) attended th	e deceased from	.11	~ ( )	to 4-1	5	10 55	that (I) (we) last
١	sow the deceased alive on	// -	15 19	35 on	d that in (my) (our) opinion o	death occurred on the de	ote and ha		
1	obove, (I) (we) (did) (did no	ot) view the body	ofter deoth.		DEGREE				SIGNED
ı		1000			ATTENDING _	_ MEDICAL STAI		14/	15/85
4	221 PHYSICIAN'S ALAMS	7461	Little		PHYSICIAN _	DIRECTOR   PHYSIC	IAN		13/3"
	226 PHYSICIAN'S NAME (TYPE C					OTHER CENTER	AT TTO	CD TWAT	
4	1 ASNEEM	LAKEH			BALTIMORE CO		AL HC	125 LIAL	
	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c	NAME OF C	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BURIAL	04-17-	-85		ON PARK	BALTIMOR		Y	MARYLAND
- [	24 FUNERAL DIRECTOR			2	229 25a DAI	E REC'D BY REQUITRAR	25b REGIS	STRAR'S SIGNA	TURE 1

DHMH - 16 50M 4/B3 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250 DATE REC'D BY REGISTRAR'S SIGN

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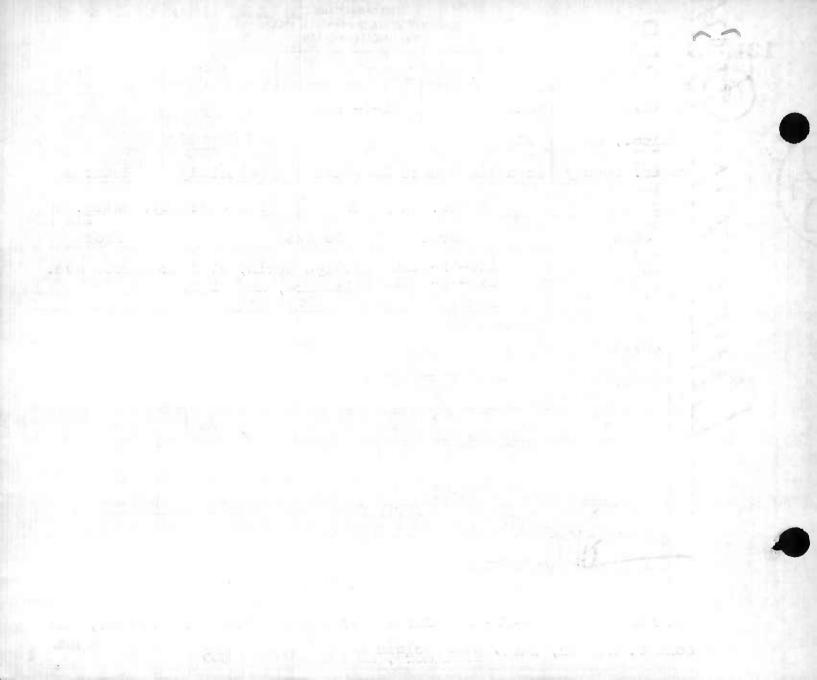
STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

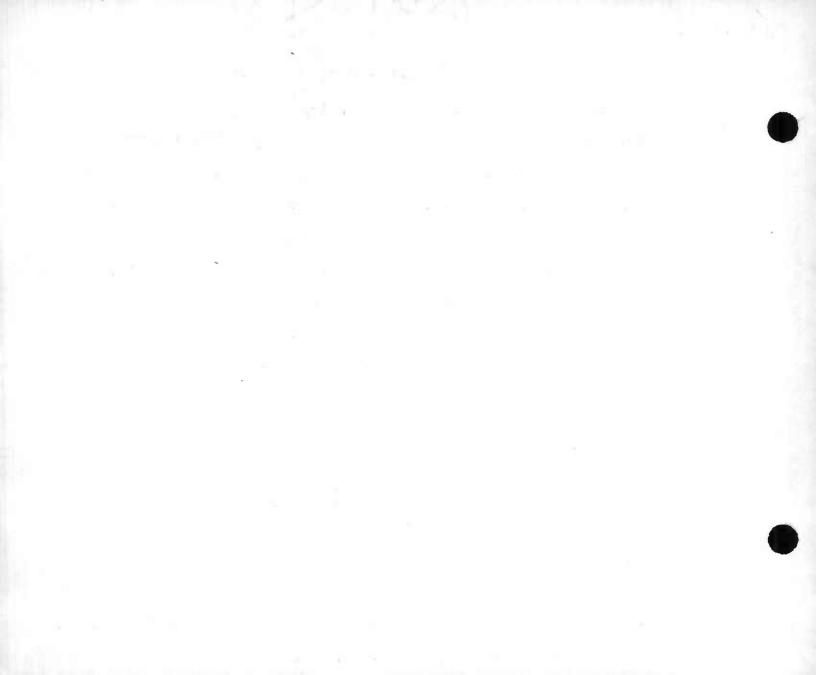
CERTIFICATE OF DEATH

COUNTY NCE (IF NURSING OME OR 13% COUNTY NAME RST NAME (IF YES, GIV) SE OF DEATH (Enter on	Balto.   Weaver	MARRIED WIDOWED STORY WIDOWED STORY HOS IS MELTING TO THE HOS IS M	TH  DAY  1920  NEVER MARRIED D  DMORCED D  HER INSTITUTION  PITAL  NSIDE CITY LIMITS?  NO D  OTHER'S MAIDEN NA  FIRST  LOUISE  JEORMANT  AROLYN  ALTIMORE	ADDRE ADDRE erin, 4709	24,  HDAY)  YRS  R COUNTY C  COUNTY  COUNTY  Y  ZIP CODE  eway,	1985 3 FUNDER I VEAR IF ONLYS DAYS HE INDUSTRY Retir  Balto 2  Klos		
E (STATE OR FOREIGN  D. MD  DWN OF DEATH  COUNTY  NCE (IF NURSING OME OR 136 COUN  ASED EVER IN U.S. AR. JUKNOWN) (IF YES, GIVI  SE OF DEATH IENter on  I. DEATH WAS CAUSEI  IMMEDIAT  Ons, if ony, which rise to immediate	The CHIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FECLIETY, GIVE STREET.  Franklin Squa  OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  MIDDLE  MED FORCES? Lewar OR DATES)  Uy one couse per line for 10, 10, 0 nr D BY. Leaking Ir  DUE TO, OR AS A CONSEQUE	S. DATE OF BIRT MONTH 11-4.  MARRIED WIDOWED & GHOME OR OTH APPRESS)  ADMISSION 13.6. ft City YES  URITY NO. 17. IN 14.180 C: 485W Binfrarena	TH  DAY  1920  NEVER MARRIED D  DMORCED D  HER INSTITUTION  PITAL  NSIDE CITY LIMITS?  NO D  OTHER'S MAIDEN NA  FIRST  LOUISE  JEORMANT  AROLYN  ALTIMORE	6 AGE (INVEARS LAST BIR) 64  9 BALTIMORE CITY O BALTIMORE CITY O BALTIMORE 120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O SALES LAD  13e.STREET ADDRESS / 4312 Clar  ADDRE  ADDRE  erin, 4709  MD 212	YRS  COUNTY  COUNTY  WORKING LIFE)  ZIP CODE  eway,	OF DEATH  /    12b, KIND OF BINDUSTRY   Retir    Balto   2   KIOS   S   S   S   S   S   S   S   S   S		
E (STATE OR FOREIGN  D., MD  WN OF DEATH  COUNTY  NCE (IF NURSING OME OR  134 COUN  134 COUN  AME  BASED EVER IN U.S. ARI  JUNKNOWN)  EASED EVER IN U.S. ARI  (IF YES, GIV)  SE OF DEATH LENter on  I. DEATH WAS CAUSE!  IMMEDIAT  Ons, if ony, which  rise to immediate	White 76 CITIZEN OF WHAT COUNTRY?  USA 11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FECLILITY, GIVES TREET. Franklin Squa OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  MIDDLE  Weaver MED FORCES? 166 SOCIAL SECUE WAR OR DATES) 220-09-4  113 CITY OR TOW Balto.  Weaver MED FORCES? 166 SOCIAL SECUE WAR OR DATES) 17 D BY: Leaking Ir	MARRIED WIDOWED SIGN HOSE SIGN IS ME CITY YES SIGN IN THE CONTROL OF THE CONTROL	NEVER MARRIED DOMORCED DOMORCE	Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) Saleslad  13a STREET ADDRESS / 4312 Clar  AME  ADDRE  erin, 4709	Cros	DE DEATH  /    12b. KIND OF B INDUSTRY Retir  Balto 2 Klos		
E (STATE OR FOREIGN  D., MD  WN OF DEATH  COUNTY  NCE (IF NURSING OME OR  134 COUN  134 COUN  AME  BASED EVER IN U.S. ARI  JUNKNOWN)  EASED EVER IN U.S. ARI  (IF YES, GIV)  SE OF DEATH LENter on  I. DEATH WAS CAUSE!  IMMEDIAT  Ons, if ony, which  rise to immediate	The CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET, Franklin Squa  OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  INC. CITY OR TOW Balto.  MIDDLE  Weaver  MED FORCES?  MED FORCES?  Weaver  MED FORCES?  Iléb SOCIAL SECU  E WAR OR DATES)  Jy one couse pet line for 10 (1,15), onc D BY.  TE CAUSE (0) Leaking Ir  DUE TO, OR AS A CONSEQUE	MARRIED WIDOWED STORM WIDOWED	NEVER MARRIED DONORCED DONORCE	Baltimore  Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SALESLAD)  13a.STREET ADDRESS / 4312 Clar  AMB ADDRE  erin, 4709  MD 212	Cros	DEFINITION OF BALTO  Balto  Z  Klos  Sswood		
DOWN OF DEATH  COUNTY  NCE (IF NURSING OME OR  138 COUN  IAME RET  ASED EVER IN U.S. ARI  INKNOWN)  EASED EVER IN U.S. ARI  (IF YES, GIV)  ONE OF DEATH LENter on  I. DEATH WAS CAUSE!  IMMEDIAT  Ons, if ony, which  rise to immediate	USA  11. NAME OF HOSPITAL, NURSIN  IF NOT INSUCH FACILITY, GIVE STREET.  Franklin Squa  OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY  MIDDLE  Weaver  MED FORCES?  Iléb SOCIAL SECU  E WAR OR DATES)  Jy one couse per line for 10 , 10 , onc D BY.  TE CAUSE (b) Leaking Ir	MARRIED WIDOWED STORY APPRESSION 13d. IT City YES  ORITY NO. 17 IN 180 Ca 485W Bi affrarena	DMORCED   HER INSTITUTION  PITAL  NSIDE CITY LIMITS?  NO   OTHER'S MAIDEN NA  FIRST LOUISE  NFORMANT  AROLYN Ke  Altimore	Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Saleslad  13a-STREET ADDRESS / 4312 Clar ADDRE erin, 4709	County ON WORKING LIFE Y ZIP CODE eway, SSS	12b. KIND OF BINDUSTRY   Retir		
COUNTY  NCE (IF NURSING OME OR 13 COUNTY)  AME  ASED EVER IN U.S. AR.  (IF YES, GIV.  SE OF DEATH (Enter on I. DEATH WAS CAUSE)  IMMEDIAT  Ons, if ony, which rise to immediate	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET. FRANK In Squa OTHER INSTITUTION, GIVE RESIDENCE BEFORE LITY OF TOW Balto.  MIDDLE WEAROR DATES 166 SOCIAL SECUE WAR OR DATES 2009-4  Last 2009-4	WIDOWED SIGNAME OR OTH ADDRESS) APPENDING HOSE ADMISSION IS MEDICAL TO THE ADDRESS IS MEDICAL TO	DMORCED   HER INSTITUTION  PITAL  NSIDE CITY LIMITS?  NO   OTHER'S MAIDEN NA  FIRST LOUISE  NFORMANT  AROLYN Ke  Altimore	12a USUAL OCCUPATION OF MOSTO Saleslad  13e.STREET ADDRESS / 4312 Clar  AME  ADDRE  erin, 4709	ZIP CODE eway,  SS	Balto  Retir  Klos		
COUNTY  NCE (IF NURSING OME OR 134 COUNTY 13	(IF NOT IN SUCH FACILITY, GIVE STREET.  Franklin Squa  OTHER INSTITUTION, USE RESIDENCE BEFORE LIST INTO TOW Balto.  MIDDLE  Weaver MED FORCES? Lewar OR DATES)  If yone couse per line for 10, 151, onc DBY. TE CAUSE (b) Leaking Ir  DUE TO, OR AS A CONSEQUE	ADDRESS) Are Hos ADMISSION) City YES IS M C IRITY NO. 17 IN A 180 C A 485W Bi Afrarena	pital  NSIDE CITY LIMITS?  NO NO NO  NOTHER'S MAIDEN NA  LOUISE  JEORMANT  AROLYN Ke  Altimore	ITYPE OF WORK FOR MOST OF Saleslad  13e STREET ADDRESS / 4312 Clar  AME  ADDRE  erin, 4709	ZIP CODE eway,	Balto 2 Klos		
EASED EVER IN U.S. ARI	MIDDLE Weaver MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 220-09-4 113 18 1 19 one couse per line for (o), (b), one DBY: TE CAUSE (o) Leaking Ir DUE TO, OR AS A CONSEQUE	City YES IS ME IS	NO DITTO THE STATE OF THE STATE	ADDRE ADDRE AT A TO SERVICE AT	eway,  Cros	Klos swood		
ASED EVER IN U.S. AR.  (IF YES, GIVI  SE OF DEATH LENTER ON  I. DEATH WAS CAUSE  IMMEDIAT  Ons, if ony, which rise to immediate	Meaver MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 220-09-4  Ily one couse per line for (o, (b), one D BY: FE CAUSE (o) Leaking Ir  DUE TO, OR AS A CONSEQUE	17 IN ITY NO. 17 IN 180   Ca	Louise NFORMANT arolyn Ke	ADDRE ADDRE erin, 4709	Cros	Klos swood		
SE OF DEATH (Enter on I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (o., (b), one ECAUSE (o) Leaking Ir	1180 Ca 1485W Ba nfrarena	arolyn Ke	erin, 4709	Cros			
SE OF DEATH IEnter on I. DEATH WAS CAUSEI IMMEDIAT  ons, if ony, which rise to immediate	ly one couse per line for (o), (b), one DBY: FE CAUSE (o) Leaking Ir DUE TO, OR AS A CONSEQUE	1485W Banfrarena	altimore	. MD 212				
IMMEDIAT ons, if ony, which rise to immediate	D BY: TE CAUSE (b) Leaking Ir  DUE TO, OR AS A CONSEQUE	nfrarena	altimore, 1 Aortic A	, MD 212 neurysm	14	APPROXIMAT BETWEEN ONS		
IMMEDIAT ons, if ony, which rise to immediate	DUE TO, OR AS A CONSEQUE		1 Aortic A	neurysm				
ons, if ony, which	DUE TO, OR AS A CONSEQUE							
OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT F	RELATED TO THE TERM	minal disease or coni	DITION GIVEN	N IN PART 1 o		
					31.3			
OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES				
IDENT WAS UNDERLYING ERBUTING CAUSE OF DEAR, NOTIFY MEDICAL EXAMINER	THE HOUR A.M. MONTH DA	AY YEAR	HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT   OR PART 2)		
URY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		LOCATION STREET	CITY OR TO	WN	COUNTY		
tify that X(this hospit the deceased alive on	April 24,	April 2	17			9.85 tho		
NATURE	i view the body offer depth.	DEGR		MEDICAL STAF	F.	22c. DATE SIG		
SICIAN'S NAME (TYPE O	sworth, MD	900	ADDRESS			21237		
			EDV OD CDELLIZORY					
1	tify that A (this haspi the deceased alive on ye, A (we) (did (Md) in NATURE	tify that (this haspital) ottended the deceased from the deceased alive on April 24, 1986, (we) (did (this has) view the body after death.	tify that Normal April 24, 1985, and the deceased from April 24, 1985, and the deceased alive on April 24, 1985, and the deceased from April 25, and the deceased from April 26, and the deceased from April 26, and the deceased from April 28, and the deceased from April 24, and the deceased fr	this hospital of tended the deceased from April 22. 19.85 the deceased alive on April 24, 19.85, and that in two (our) opinion we (we) (did (ord tot)) view the body after death.  NATURE  DEGREE  ATTENDING PHYSICIAN  CICIAN'S NAME (IVEC OR PRINT)  D. Hollingsworth, MD  PARTICLE  APRIL 22. 19.85  ON TWING APRIL 22. 19.85  APRIL 22. 19.85  ATTENDING PHYSICIAN  PHYSICIAN  PHYSICIAN  The Address POOO Frankli	this hospital) oftended the deceased from April 22, 19.85 to April 24, 19.85 and that in (N) (our) opinion death occurred on the down (we) (did (Mod ha)) view the body ofter death.  NATURE  DEGREE  ATTENDING MEDICAL STAF PHYSICIAN DIRECTOR PHYSIC  DIRECTOR PHYSIC  ATTENDING MEDICAL STAF PHYSICIAN DIRECTOR PHYSIC  DIRECTOR PHYSIC  22e ADDRESS  9000 Franklin Square Dri	This work has been a second of the deceased from the deceased from the deceased of the decease		

6415 Belair Road 21206APR 26

DHMH - 16 60M 7/B4 (VRA 15, 4)





	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
• STATE	CERTIFICATE OF DEATH

Grea Davidson pandall

REG. NO 2n DATE OF DEATH DECEASED NAME 2h HOUR TYPE OR PRINTS 07 85 11: QOAM JOSEPH LAUTENBERGER WALTER 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX Nov. 1.1904 Male White 80 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED TOWSON (BALTIMORE COUNTY WIDOWED DIVORCED Maryland CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 1 CHARLES TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWSON 6701 Engineer Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 3c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Baltimore 56 Dunkirk Rd. 21212 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGOLE EAST Walter M. Lautenberger Edith Gettier ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 215-05-4440A Grace B. Lautenberger Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost CERTIFICATION 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decease 1/08 sow the deceased alive on. and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated obove, (1) (me) (did) (did Hor) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [ 22e ADDRESS N. CHARLES STREET, TOWSON GBMC J. VENABLE JR. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN Timonium, Balto. Co., Md Apr. 11.1985 Dulaney Valley Mem 24 FUNERAL DIRECTOR 6500 York Rd. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ADDREBalto., Md.21212

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mitchell-Wiedefeld Home, Inc.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT, IF HE

## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE **CERTIFICATE OF DEATH**

	1-	FOR STATE REGISTRAR			DE	PARTMENT OF H CERTIF	IEALTH AND		ENE 3	REG. N	o.	da la	25	
I	DECEASED NAME FIRST MIDOLE LAST						2a. DATE OF		OAY YEAR	26 HOUR				
	Edna H. LAVOIE					April	27,	1985		3:45a M				
1	3. SE X						OF BIRTH		6 AGE INY	EARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.	
		Female					DAY YEAR 1917	1917		67 YR			HOURS MIN.	
A	76. BIRTHPLACE (STATE OR FOREIGN 76			CITIZEN OF WHAT COUNTRY? 8.			D NEVER MARRIED		9 BALTIMO					
1		Balto., Md.		U.S	.A.		WIDOWED DIVORCED		Balti	ty	MD.			
7	Balto.			1. NAME OF HOSPITAL, NURSING HOME (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Franklin Square			Hosp.	TITUTION	17a USUAL ( (TYPE OF WORK  Secr	of Business OR Ins. C				
7	USUA	AL RESIDENCE (IF NURSI	NG HOME OR OTH			E BEFORE AOMISSION)		CITY HAAHTCO	13e.STREET			/1	1820	
7	-	Md.	Bal.	to.		to.Co.	YES [	3.6	2901		ndor	12	120	
1	_	THER'S NAME FIRST	MIDE		Kou	AST	15 MOTHER	S MAIDEN NAM	The same of the sa	WIOOLE			AST	
1	Ióa W	VAS DECEASED EVER I	N U.S. ARME	D FORCES?		L SECURITY NO.	17 INFORMA	ANT		ADDRE	SS	-		
	(4	YES, NO OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES)	D1 5 0	01-1684	Roger	H La	Voice	Ab	ove			
ŀ			1.5.				moger	II. Ha	AOTE	AU	ove	APPRO	XIMATE INTERVAL ONSET AND DEATH	
1		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED B	Y:			100					BETWEEN	ONSET AND DEATH	
			IMMEDIATE C			ac Arres	Ţ		(0.1	-				
		Canditions, if ony, gave rise to imm cause (a), stating underlying cause	ediote	(b)_	Metas	ISEQUENCE OF  tatic Br ISEQUENCE OF	east Ca	ncer						
	Z	PART 2 OTHER SIGN	IFICANT COM	NDITIONS C	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E OR CON	DITION G	IVEN IN PART 1	to	
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION				ON WAS PERFO	DRMED	200 AUTO	PSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES ]	INGS USED S OF DEATH?		
					M. MONT	MONTH DAY YEAR  19			ED (ENTERNA	TURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	214 INJURY OCCURR	RY OCCURRED 21e PLACE		OF INJURY		211 LOCATI	ON				COUNTY	500079	
1	×	WHILE AT WORK AT WOR	LE 🔲	AT HOME STREET, FACTORY, OFFICE			FARM, ETC ) STREET			CITY OR TOWN			COUNTY STATE	
		220.1 certify that (this haspital) attended the deceased from April							, tApr		sote and ha	19 <u>85</u> our and from the	that () (we) lost e causes stated	
-1		27b. SIGNATURES DEGREE								22c DAT	E SIGNED			
. [		ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN									4-27	-85		
Ħ		228 PHYSICIAN'S NAME (TYPE OR PRINT) 22					27e ADDRESS						00_	
		Eric Kisa, M.D. 9000 Frankl						Franklir	in Square Drive, 21237					
1	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCA	ATION				
1	43	Burial 4-30-85 Md. Vet					t. Cer	m.	-	riso	n B	alto.	Co. Md.	
	24 FU	24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE												

Robert S. Barranco Severna Pk., Md.

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Ralto. Translin Saurre Mogn. Secretary Life Inc. 40.

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Turisl 4-30-65 Alf. Vet. am. Darricon with. Co. Md.

Rolent Remanco Sevents Pt., ed.

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060	(TYPE	EASED NAME OR PRINT)	James	Albert	LAW	VTON	April 14,	1985	26. HOUR 9:10 AM
)	3 SEX	ale		4. RACE White		OF BIRTH 1902°	6 AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS
36	Zo, BIR	THPLACE (STATE O	DR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRI WIDOW	EXENEVER MARRIED	Baltimore city or c	COUNTY OF DEATH	H MD
57		Y OR TOWN OF D		11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCHEACILITY, GWE STRE  Franklin Sq.	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Candy Maker	ORKING LIFE) 126 KIN INDUST Car	nd of Business or
36	USUA 13a	LATE ATYLAND	13b Ball	OTHER INSTITUTION, GIVE RESIDENCE BEFO TYPE 13c. CHTY OR TO LIMOTE SSEX	DRE ADMISSION WN	138 INSIDE CITY LIMITS? YES NO T	13e STREET ADDRESS / Z		21221
7 0 50	14 FA	THER'S NAME	emiah	MIDD Lawton LAST		15 MOTHER'S MAIDEN NAM	E. Dodd MIDDLE		LAST
medical		AS DECEASED EVE		MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 212 01		Carrie Lawton	n, Wife S	Same	
Then please remave carban po to burial, cremotian, ar remo njury. ar ather traumatic even		Conditions, if or gove rise to in couse (a), sto underlying cou	IMMEDIAT ny, which mmediate ting the ise lost	DUE TO, OR AS A CONSEQUENCY OF CONTRIBUTING TO FRACTURE	UENCE OF	polism	inal disease or condit	ION GIVEN IN PAR	T 110
ial-transit permit.	CERTIFIC	21a. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER, NOTIFY ME	INDERLYING CAUSE OF DEA	TH HOUR A.M. MONTH		21c. HOW INJURY OCCUR	YES NO X	Ob. IF YES, WERE FIN N CERTIFYING CAU YES N ITEM 18 PART I OR PART	ISES OF DEATH?
thed for use as the bur lept. of Health and Me Item 21 is marked ar It	MEDICAL	21d INJURY OCCL  WHILE NOT AT WORK AT WORK AT WORK  220.1 certify that sow the dece	WHILE VORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE tot) oftended the deceased from	Marc	211 LOCATION STREET  27, 19 85 and that in (1/4) (our) apinion of the street st	5	14 19 85 and hour and from	_, that <b>X</b> (we) last
old be detach the State D		724 PHYSICIAN'S	WHITE RESIDES	nesch M.D.	Mi	22e ADDRESS	MEDICAL STAFF  DIRECTOR PHYSICIAL	21237	4/14/85

4/17/85

ome PA 1407

236 BURIAL CREMATION, REMOVAL

Cardens of Faith Cemetery of Crematory Co., Md. Md. Cardens of Faith Cemetery of Co., Md. Cardens of Faith Cemetery of Co., Md. Cardens of Faith Cemetery of Co., Md. Cardens of Co., Md.

Old Eastern Ave. APR 1 6 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

E

1	1.	FOR STATE REGISTRAR	DEPARTI		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	
4.1		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1064	(TAb)	ROSE		LEDER	MAN	APRIL 29, 19	985 5 P. M
	3 SE	х	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		FEMALE	WHITE	MA	R. 1. 1910	75 YRS	MONTHS DATS HOURS MIN.
19		RTHPLACE (STATE OR FOREIGN COUNTRY)  NEW YORK	76 CITIZEN OF WHAT COUNTRY?  USA	8. MARRIE WIDOWI	D NEVER MARRIED DED XX DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMORE C	COUNTY
100		RANDALLSTOWN	11. NAME OF HOSPITAL, NURSING IN SUCH FACILITY, GIVE STREET 6 SPINNERS CT.	ADDRESS)	ъ В	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY  AT HOME
35		MARYLAND BAL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NETY 134. CITY OR TOW RANDALLS	TOWN	YES X NO	13e.STREET ADDRESS / ZIP COD 6 SPINNERS CT.	, APT. B #2113
Xomine	14. F/	JOSEPH	SHAPIRO LAST		15. MOTHER'S MAIDEN NAME FIRS SARA	WIDDIE	UNKŃOWN
medical	16a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU 124-30-7			. ARNOLDADSESLEDE WAY SILVER SPRI	NG, MD 20904
notic event, th	9	IMMEDIA	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUI	NCE OF	Myounders	I enfronteriori	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other from		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUI		p + ru	This crew	
r to buri	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	tinal disease or condition GI	VEN IN PART 11a
iene prio	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
tem 18 sl	-	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
. of Healt		above; (1) (we) (didy(did no	ital) attended the deceased fram 19			death accurred an the date and ha	
ote Dept		226. SIGNATURE	Blh.	and		MEDICAL STAFF DIRECTOR   PHYSICIAN	11 DATE SIGNED
with the State		MORTON ELLI			5310 OLD CO	OURT RD. RANDALI	LSTOWN, MD 2113
3 5		BURIAL, CREMATION, REMOVAL (SPEC BURIAL				23d LOCATION  RAEL BALTIMORE	MARYLAND
60M 7/B4	24 F		LEVINSON & BROS.		· MA	E REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE

The state of the second of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 3. SEX 5 DATE OF BIRTH IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 17b. KIND OF BUSINESS OR INDUSTRY Cest AUR ANT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO [ 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE YES. GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 166. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUST OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that I was full ottended the deceased from ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated the discussed alive on (b(wil) (did) (did not) view 22c. DATE SIGNED STAFF PHYSICIAN [ MPORTAN 72e ADDRESS d b 23d LOCATION 23a BURIAL CREMATION, REMOVAL CITY OR TOWN DHMH - 16 50M 4/83 1-WIBDEFELD GSDOYDEK ROL (VRA 15, 4)

21229 Schmidt Same as # 13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19\_35\_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 5404 East Drive, Arbutus, Md. Burial Md STATE COUNTY Baltimore 4/26/85 Loudon park Cemetery BP. 24 FUNERAL DIRECTOR Lersy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228 (VRA 15, 4)

STATE OF MARYLAND

7b. HOUR

HOURS

17h KIND OF BUSINESS OR

Homemaker

IF UNDER TYPAR

INDUSTRY

10:10P M

IF UNDER 24 HRS

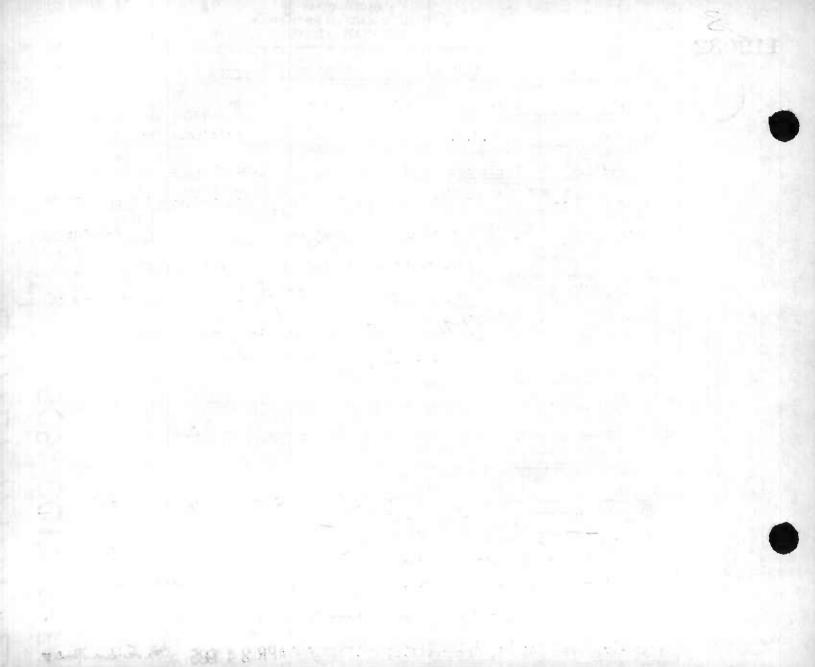
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

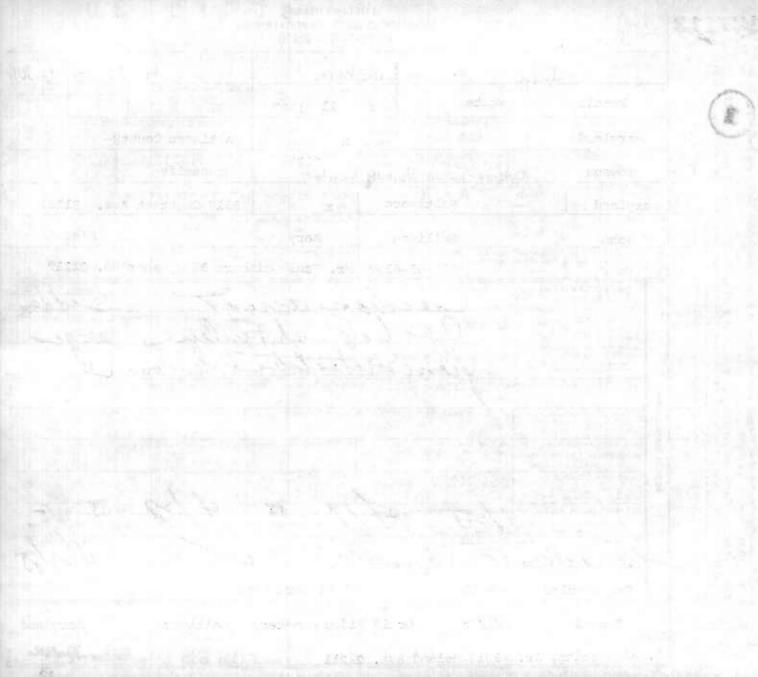
CERTIFICATE OF DEATH

DHMH - 16 50M 4/B3

FOR

- STATE





REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR CTYPE OR PRINTS Ferdynand April 21, 1985 9:15p. ~ \_eszczar 4 RACE DATE OF BIRTH 3 SEX Male White 26 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Poland. Baltimore County O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Franklin Square Hospital Rossville arpenter JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13. STREET ADDRESS / ZIP CODE 5207 Fastern Avenue 21224 113d. INSIDE CITY LIMITS? Maryland YES XXX NO T Stefan Malik LAST Leszczar Bronislawa 17 INFORMANT Ezechiela Leszczar 5207 Eastern Ave. 21224 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Hepatocellular Carcinoma with Liver Failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Cirrhosis of the Liver, Electrolyte Disturbances, Anemia CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES -21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 1 certify that \*\*(this hospital) attended the deceased from April 21 April 16 April sow the deceased alive on April 21 above, (we) (did) (did 1) view the body after death. , and that in (📆) (our) opinian death occurred an the date and hour and from the causes stated DEGREE 22c DATE SIGNED 4/21/85 DIRECTOR PHYSICIAN X Karen Mason, M.D. 9000 Franklin Square Drive, 21237 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY Castwood (emetery

DHMH - 16 60M 7/84 (VRA 15, 4)

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Hem 18

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

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 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND & 5
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

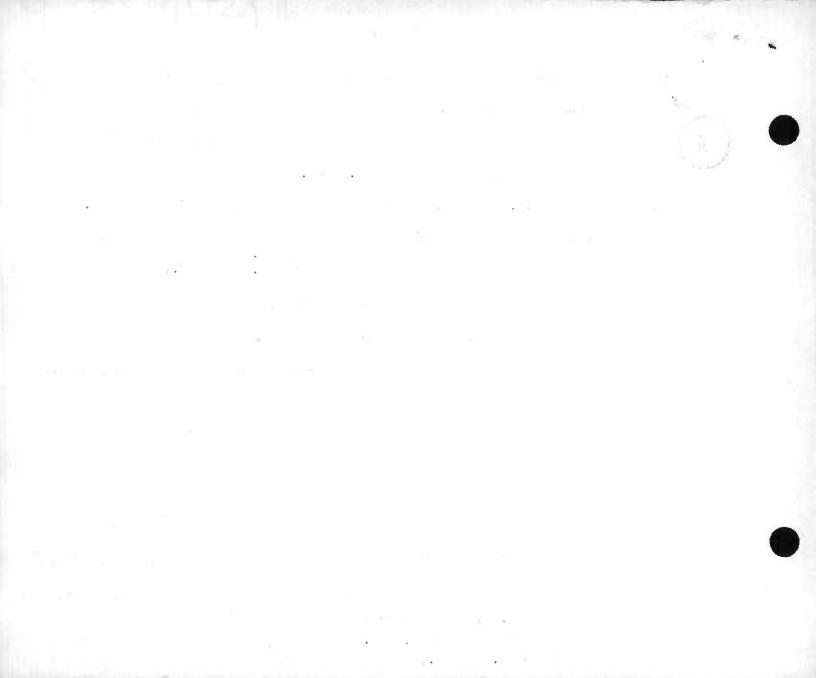
٦	•	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0.				
		EASED NAME	FIRST	-	MIDDLE	i	AST		20 DATE OF DEATH	HTMOM	DAY YEAR	2	b HOUR	_
	(TYPE	OR PRINT)	EVA	Z	4	-IEBEI	RMAN			4	24 85	-	11 53	M
	3 SEX	(		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DA		F UNDER 24 HRS	
1		FEMA	LE	w	HITE	MONTH	28	02	82	YRS		5	HOURS MIN.	
٧		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	D 🔲 NEVER M	APPIED	9 BALTIMORE CITY	R COUN	TY OF DEATH			
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1		TY OR TOWN OF DEA				JRSING HOME C			12a USUAL OCCUPAT		176. KINI	OF E	BUSINESSOF	2
2		RANDALLSTO				COUNTY G	EN. HOS	Р.	HÖÜSEWI	FE	L#E) INDUST	. H	OME	
1	13a. S		136 COUN	ATY		TOWN LSTOWN	130 INSIDE CI	TY LIMITS?	136.STREET ADDRESS	ZIP CO	REDOK DE	`	40117	7
1		MARYLAND	BA	LTO.	KANDAI	TESTOMN				MEIBI	ROUK RI	) • <u> </u>	#2113	<u> </u>
	14. FA	THER'S NAME FIRST  JACO	ΩR	MIDDLE	7 Å I	KIN	15. MOTHER'S Δ <sup>t</sup>	DA	WIDDLE		UNKN	taw	N	
4	160 10	/AS DECEASED EVER		MED EODCESS		SECURITY NO.	17 INFORMAL		S. RUCHELIDE	ESROS		-	14	_
1	(Y	NO OR UNKNOWN)		E WAR OR DATES)	188 SOCIAL	SECURITINO.		NNER CI				212	08	
1							10 111			,			TE INTERVAL	=
1		PART I. DEATH W	'AS CAUSE	D BY:		o RESPIR	ATOPH	Appr	<b>7</b> 7		BETWE	EN ON	SET AND DEATH	_
1			IMMEDIAT					11 1010	21			_		_
1		Conditions, if any,	which	,		HRDIA	V. TAIF	APETIN	14-					
		gove rise to imm	nediate	(p)—			2111	,,,,,,,				_		_
1		underlying cause		DUE TO, O	DIABE	EQUENCE OF	Wins	- Chro	ONIC OUSTR	UCTI V	= / LING	77	RPASP	-
1		PART 2 OTHER SIGN	VIFICANT (						INAL DISEASE OR CON			lia	- L. H. L.	=
	ON			V										
5	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?		ES, WERE FIN			
-	TIFIC								YES NO		YES [		NO [	
	CER	210 ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c HOW IN	IURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	B PART I OR PART	2)		_
	CAL	OR CONTRIBUTING ()		ATT.		19								
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	FICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	)wn	COUNTY		STATE	_
1	2	AT WORK NOT WH	RK											_
1		22a I certify that (1)		11		100	-11-	. 19_85	. 10 4-	24	. 19_85		at (1) (we) las	st
1		saw the decease above, (I) (we) (c	ed alive on did) (did na					our) opinion d	death occurred on the a	ate and h				_
1		27b. SIGNATURE		de	/	1.71	DEGREE	TTENDING	MEDICAL STA	FF	22c DA	TESH	GNED	
4				Dur	4-21	U/A	P	HYSICIAN [	DIRECTOR PHYSI		47	127	485	_
		22d. PHYSICIAN'S NA	AME (TYPE C	1	IE		22e ADDRESS					,	, ,	
-			we.					MORE!	LOUNTY 6	ENE	RAL	13	SILVE	<u>K</u>
	23a. B	URIAL, CREMATION BURIAL	REMOVAL	APR. 25	,1985	23¢ NAME OF C HEBREW	YOUNG M	rematory EN	BALTIMORI	1	counMA]	RYL	ANDITATE	
		INERAL DIRECTOR		LEVINS		ROS.,INC		25a DATE	E REC'D. BY REGISTRAF	25k DECI	STD A D'C CLOA	LATIN	DE .	_
		NAME			ADDR	ESS .		AJA'	V 1) ACIOL	4.4	DIRAKS SIGN			
		6010 REIST	EK5 TU	WIN KD.	BALTO	, MD 2	1215	13/1/3	1300	1		1	and the same of	

DHMH - 16 50M 4/83

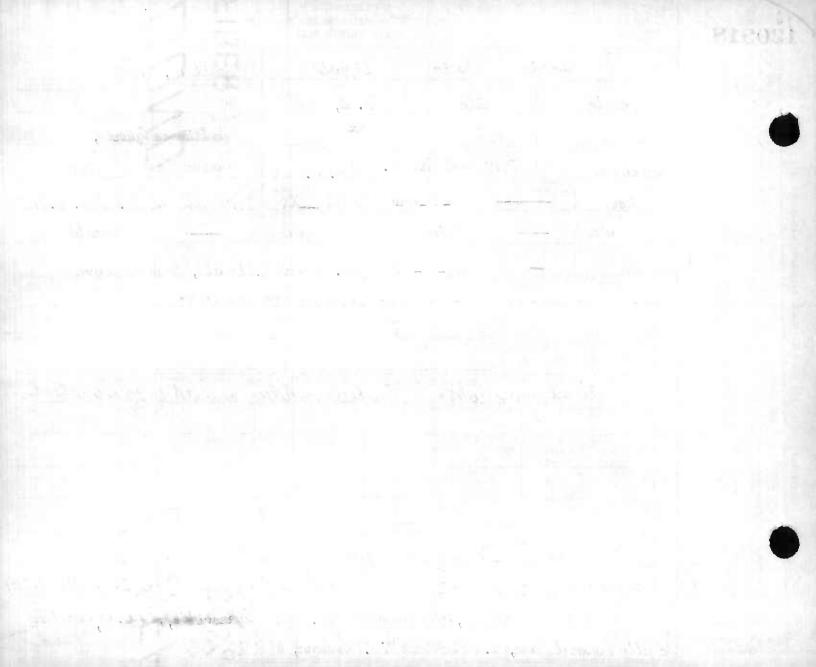
retained by the haspital or attending

BP

(VRA 15, 4)



20918	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT AL HY CERTIFICATE OF DEATH	GTENE REG. NO.	3 3
may be page 3 rr death		CEASED NAME FIRST ROSAL	ia Gloria	Lippold	20. DATE OF DEATH MONTH  April 17,	DAY YEAR 26. HOUR
ge 4 ma ector. po rs ofter c	3. SE	x Female	4. RACE White	5. DATE OF BIRTH  MONTH  Jan. 2. 1936	6. AGE (IN YEARS LAST BIRTHDAY) 49 YRS	MONTHS DAYS HOURS MIN.
neral direction 72 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or COUN	
Softer Softer	E	altimore	1999 Cast Cnd		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	IZB. KIND OF BUSINESS OR INDUSTRY
	Me	rryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	TE YES NOW	13e.STREET ADDRESS / ZIP CO	Dr. Balto Md. 2122
MAKTE.	14. F/	ather's name  FIRST ohn	MIDDLE Reina	15. MOTHER'S MAIDEN N. Lydia	WIDDLE	Henrold
n and co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 219–30–	7065 Ma. Raymond	ADDRESS K Lippold Same	as above
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratherfling physicion.  When this certificate has been signed by the attending physicion and completely filling in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than d Mental Hygiene prior to burial, cremotion, or removal.  Or shows any injury, ar other traumotic event, the medical examiner most than orked or them 18 shows any injury, ar other traumotic event, the medical examiner most than any most and the statements.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b) HOS CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	۵	MINAL DISEASE OR CONDITION	GIVEN IN PART LID
TAL RECORDS, 2 The low require: icion. The hos been signs ast permit. Then p giene prior to bus shows any injury.	CERTIFICATION	The DATE OF OPERATION	Fiarellation,	DEATH BUT NOT RELATED TO THE FER	us marked ex	GIVEN IN PART TIG.  OCHUCUS OF DEATH?  YES TO NO IT
PHYSICIAN: The anding physicia this certificate e burial-transit ad Mental Hygical dor Item 18 should be a burial them.		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DIVISION or attending After this e os the burnel and M morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A uld be detached for use hithe State Dept. of Heal ORTANT: If Item 21 is m		sow the deceased alive or	by view the body affer/death.	DEGREE ATTENDING	, 10 n deoth occurred on the dote and occurred	, 19—, that (I) (we) lost hour and from the causes stated  22c. DATE SIGNED  B. J. Md. 2172
BP		BURIAL CREMATION, REMOVAL (SPECIFY)  Burial	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY Lakeview Mem. Park		annoll Manyland
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Cully Funeral H	ome, Mt. & Tickney	MJ 21/22 250. DA	PR 2 3 1985	SISTRAR'S SIGNATURE



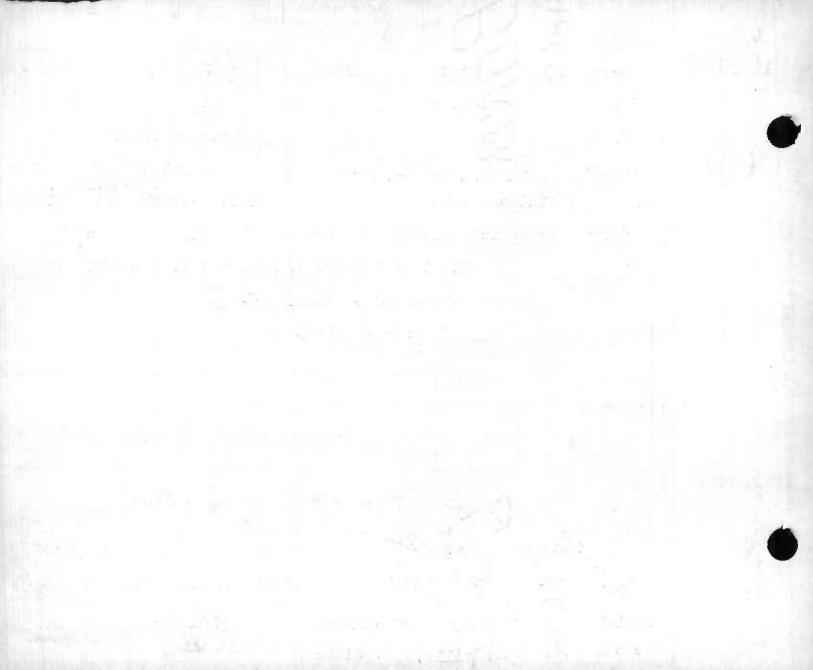
## STATE OF MARYLAND & 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG		6. NO.			
	CEASED NAME FIRST	MIDE	DLE	l	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	2
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SE		4. RACE		DATE	OF BIRTH	6 AGE (IN YEARS LAS		IF UNDER I YEAR		
0	M	W	S	Ppt	. 13, 1913	71	YRS	MONTHS DAYS	MOURS	MIN.
a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	1 /	MARRIE /IDOWE	NEVER MARRIED DIVORCED D	9 BALTIMORE CIT	yorcount more Co			MD.
	Towson		SPITAL, NURSING FACILITY GIVE STREET ADDITIONS ST.		OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC Machini	OST OF WORKING L	IFE) INDUSTRY	of Busines ephone	
JSU I3a	AL RESIDENCE (IF NURS HIS TONE STATE Md.	OR OTHER INSTITUTION GIV	e residence before ada CITY OR TOWN Baltimore	MISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRE	ss/zipcoc lters A	ve.	21239	
4 F.	ATHER'S NAME FIRST Cha	rles Listo	n LAST		15. MOTHER'S MAIDEN NA/	ernia Lis	ton	t/	AST	
6a \	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY	Y NO.	17 INFORMANT	AC	DRESS			
	YES, NO OR UNKNOWN) (1F YES,	GIVE WAR OR DATES)	218 01 00	003	Mrs. Eliza D	. Liston	1213 W	lalters	Ave.	-39
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line	e for (o), (b), and (c	W				BETWEEN	XIMATE INTERV	ZAL DEATH
		IATE CAUSE (a)	Cardiac		eest			I.	linute	S
	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A		nic E OF al	Infarction				days	70
z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CON.	TRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART 1	Ia	
CERTIFICATION	Transitiona	1 Cell Ca	of urete	ERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES []		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.		YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY OFFICE, FARM,	, ETC )	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	SŤ	ATE
	22a.1 certify that (I) (this has sow, the deceand alive above, (II) [wet (d/S) (did 22b SIGNATURE				, 19 8.  nd that in (my) (our) opinion of  DEGREE  ATTENDING PHYSICIAN	death occurred an th	STAFF	-	, that (I) (we couses star	
	Dr. E Loba	PE OR PRINT)			220 ADDRESS GBMC	J DIRECTOR OF PH	TOTAL AND	1-1-		
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	4/29/85			Park Cem.		more, M			ATE
	uneral director ITCHELL-WIEDEF	ELD HOME,	INC. 6	500	77 1 D.1	E REC'D. BY REGISTA		TRAR'S SIGNA		fall

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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No. A.A.					HOSPITAL, NU							ND OF BUSIN	MD.
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1025			SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	HARLES S		OI Eng	Irs.	C		
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2/1//		FIRST		MIDDLE		. 11	FIRST			DDLE		LAST	
1			IN U.S. AR	MED FORCES?				ıa		ADDRESS	LIC	yd	
ado ob		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)				114 .	215	7117 C			0.000
2/	_						Anne Ha	imilto	on, 315	W. S			
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int. Then right right to but injury,	ATION												FD.
perm perm ws or	IFIC								1 6	INC	ERTIFYING CAL	USES OF DEA	ATH?
Hem 18 sho		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH		21c. HOW INJURY	OCCURRED					
ō	EDIC			21e PLACE	OF INJURY		21f. LOCATION		CII	IV OR LOWN	COUNT	y	STATE
morked	×	WHILE NOT W	HILE D	(AI HOME SIK	REET, FACTORY, OF	FICE, FARM ETC.)	SINCE						31816
S 1 2			ed alive an	11/6		07	, 19	opinian dec	, 10		19 85 I hour and fram		Statement of the last of the l
NT: If Hem		100	PP	راحه	my	0 /	10 ATTEN	DING ICIAN [] [	MEDICAL DIRECTOR []	STAFF	2226. 0	1/7/8	5
should be deto with the State [								IORTH	CHARL	ES ST	COUNTY MD.  RRINGLIEF TO RATH  COUNTY MD.  RRINGLIEF TO REATH  COUNTY FEDERAL  COUNTY FEDERAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  ON GIVEN IN PART 110  DIEFYES, WERE FINDINGS USED  CERTIFYING CAUSES OF DEATH?  YES NO TO THE SIGNED  177/85  TREET  Balto. Md.  REGISTRAR'S SIGNATURE J. M.  REGISTRAR'S SIGNATURE J. M		
o > >			REMOVAL						CITY OR TO	OWN	COUNTY		STATE
-				4/10/	85	Dulane	y Valley	Cem.	Time	nium	Balto	. N	Ad.
M 7/84	24 FU				ADDR	ESS		25a. DATE R	D BY REGI	STRAR 25b. RE	GISTRAR'S SIG	NATURE	ملاك
5, 4)	N	fartin D.	Laws	on 10			24 21003	AF	11 0	500 (1°			1.6

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N. You will be the left Anne Landers, the agreement to the parameters and the contract of the

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STATE OF MARYLAND

	REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO	).					
	CEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE O	20. DATE OF DEATH MONTH DAY YEAR 2b H						
(117)	Jose	ephine			Lodg	re	Ap	April 12, 1985 7:  6. AGE (IN YEARS (AST BIRTHDAY) IF UNDER LYEAR IF UN MONTHS DAYS HOUR  9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOME  130. STREET ADDRESS / ZIP CODE  7823 Deboy Rd Balto., Md.  ADDRESS Balto., Md. 2  n 7615 New Battlegrove Rd						
3. SE	X	4. 1	RACE		5. DATE C	F BIRTH	6. AGE (IN	YEARS LAST BIRTI	MONTH DAY YEAR 12 HOUR  2, 1985  RITHDAY)  IF UNDER LYEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MINA  YRS  OR COUNTY OF DEATH  COUNTY  IZE COUNTY  HOME  / ZIP CODE  RAB Balto., Md. 2122  Gangi  RESS Balto., Md. 21222  Battlegrove Rd.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
F	emale	W	hite		MONTH 9	14 1897	87	07						
7a. 8	IRTHPLACE (STATE OF FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AA A P D I E I	NEVER MARRIED	9 BALTIMO	RE CITY OF		OF DEATH				
I	taly	2.1	Italy		WIDOWE	A		imore	Count	ty	MD.			
	ITY OR TOWN OF DEA undalk		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET EW Battle	ADDRESS]	Po ad	(TYPE OF WOR	RK FOR MOST OF		FE) INDUSTRY	F BUSINESS OR			
USU	IAL RESIDENCE (IF NURSI	NG HOME OF OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)									
		Balto.		Dundalk	N	YES NO X					Md. 2122			
14 F	ATHER'S NAME	MID	DIE	LAST	115	15. MOTHER'S MAIDEN N	IAME	MIDDLE		LAS	šŤ			
John Cicott						Angela								
	WAS DECEASED EVER I (YES, NO OR UNKNOWN)	N U.S. ARME (IF YES, GIVE W		214-54-4:		Jean A. Mar	vin 761		Dal					
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only on AS CAUSED B	Y	line for rai, (b), and	UL	arrest				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH			
	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which lediate the last	DUE TO, OF	R AS A CONSEQUE	NCE OF	artey i	mer	4						
NOI	PART 2 OTHER SIGN	IFICANT CON	nditions <u>cc</u>	DNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E OR COND						
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [	OPSY?	IN CERTIF					
OR CONTRIBUTION OF STATE HOUR A.M. MONTH				M. MONTH DA	YEAR	21c. HOW INJURY OCCU	JRRED (ENTER N	ATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)				
MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARM, ETC.)	21f LOCATION STREET		CITY OR TOV	vN	COUNTY	STATE			

21d. INJURY OCCURRED NOT WHILE

FOR - STATE

DEGREE

22e ADDRESS

and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 4-15-85 Burial

ALIDIO 23c NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

ATTENDING

23d LOCATION CITY OF TOWN Dorsey

MEDICAL STAFF DIRECTOR PHYSICIAN

BP.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

220. I certify that (I) (this haspital) attended the deceased from

Duda-Ruck Funeral Home 7922 Wise Ave Balto Md

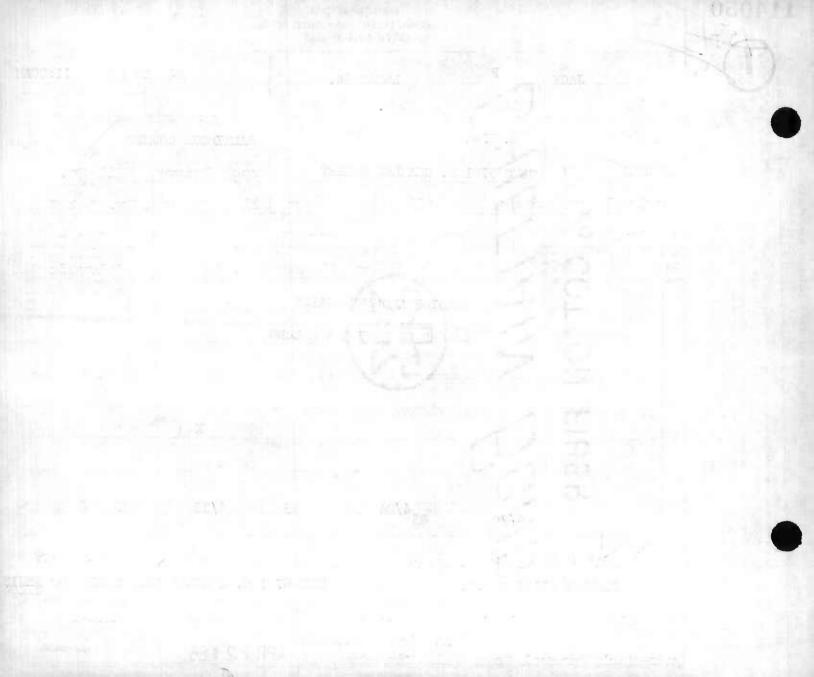
Howard Maryland BY REGISTRAR 25b. REGISTRAR'S SIGNATURE una Daydson-Mandale



114050 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE CERTIFICATE OF DEATH CGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE 26 HOUR TYPE CRIPPING 04 20 1985 11:00AM TACK LOGAN SR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Feb. Male White 1925 60 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Pennsylvania U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GBMC 6701 N. CHARLES Truck Driver Oil Co. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21222 13e STREET ADDRESS / ZIP CODE 2102 Cameron Dr. Apt B 1 Dundalk 13d INSIDE CITY LIMITS? Baltimore Maryland NO IX 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Fred Logan Dorothy Bower 21224 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 187-12-0483Mrs Eleanore P. Logan 419 Folcroft St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF CANCER OF LARYNX AND LUNG Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 FICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES T CERT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 4/20 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. DEGREE 22t. DATE SIGNED ATTENDING 4-20-85 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GBMC 6701 N. CHARLES ST., TOWSON MD 23 STANLEY WILKINS M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Cremation 4/22/85 Westview Memorial Baltimore Maryland Dundalk, MD 21222 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 " www. doon- Handell

Duda-Ruck Funeral Home 7922 Wise Ave

(VRA 15, 4)



138	1 -	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N	10.		
107097		CEASED NAME FIRST OR PRINT; Mary C.	Lose	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
Tohe po	3. SE		Caucas		5. DATE C	.DAY YEAR	6 AGE (IN YEARS LAST BE		ERTYEAR IF UNDER 24	MIN.
1 11/16	- (	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY 9		ATH	MD.
		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A URT NURSING	DDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Secretary	TION 12b OF WORKING LIFE) IN[	KIND OF BUSINES: DUSTRY Westinghous	
and the	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN aryland Balt:	ITY	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Baltimor	١ .	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 3703 Bucki		2120	77
ond 2	C	hristian H. Rupper		LAST		15 MOTHER'S MAIDEN NAI FIRST Hattie Marie	Dunn		LAST	
Pope media			MED FORCES? E WAR OR DATES)	213-01-7		Rt 1 Box 76		Dagsboro	1993 Delawa	ire
a physicio on papers. emovol.		18 CAUSE OF DEATH IEnter on PART I DEATH WAS CAUSE IMMEDIAT	ly ane cause pe D BY: E CAUSE (	r line far (a) (b), and	(c).)	iver:	Relan	ohz	APPROXIMATE INTERVA BETWEEN ONSE AND DE	AL EATH
ad by the attending lease remove corbo ial, cremation, or re or other traumatic e		Conditions, if any, which	DUE TO, (	DR AS A CONSEQUE	NCE OF	(CV1)	Secondo	ener:		
d by the lease rem iol, crems ar other t		cause (a), stating the underlying cause lost.	( (c)_	DR AS A CONSEQUE		•				
2 6 5 5	TION	PART 2. OTHER SIGNIFICANT (								
ficote hos beer transit permit. I Hygiene prior 18 shaws any	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATIO		YES NO	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH NO	1?
certific priolity fentol	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ρ ρ	.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OF	(PART 2)	
os the the orked o	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC )	214 LOCATION STREET	CITY OR TO	own (	DUNTY STA	LTE
for us of He 21 is		278 I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	4	195	-	id that in (my) (our) opinion	death accurred on the c			e) last
RAL DIREC detoched stote Dept. NT: If Item		22h. SIGNATURE		0		ATTENDING PHYSICIAN	MEDICAL STA	AFF	LA 12.8	3
TO FUNERAL D should be detected with the Stote IMPORTANT: If		DE PHYSICIAN'S NAME (TYPEC	NY'	RADIT	D	88/1 Libe	15 Rolle	malloto	un MD2	113
[	C	URIAL, CREMATION, REMOVAL SPECEFY <b>remation</b>	23b. DATE 4/15/8	5 M	bunt 0	Live Cemetery	Randallst		more Maryla	nd
6 50M 4/83 15, 4)		NERAL DIRECTOR Loring 728 Liberty Road R		uneral Direction, Maryland			R 1 5 1985	() REGISTRAPIS	Meuralike	



BALTIMORE, MARYLAND 21201

PRESTON ST

DIVISION OF VITAL RECORDS,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages, with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal

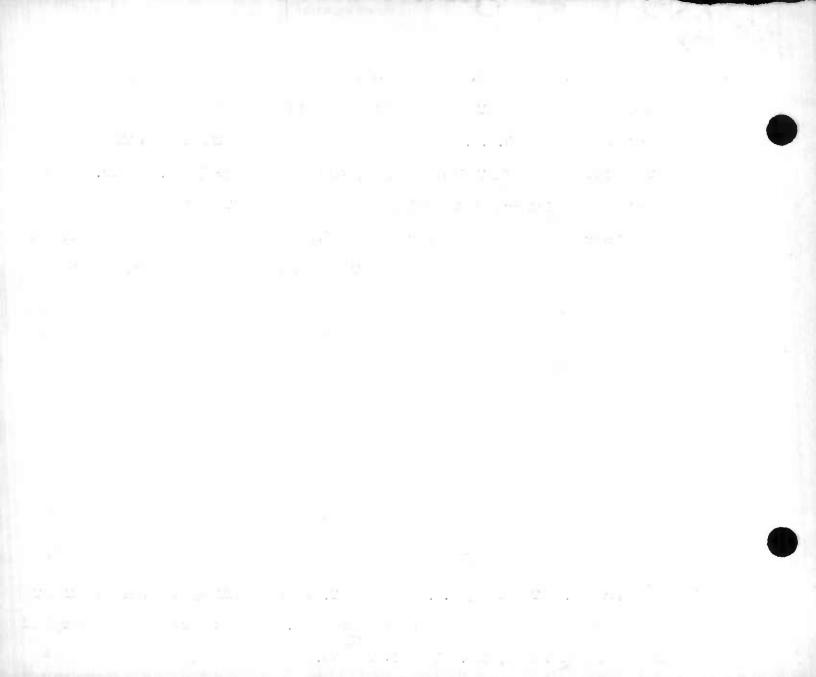
1	FOR STATE
	REGISTRAR

STATE OF MAKTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

74	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10.					
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
			JOHN	S	AMUEL	L	UCAS	APRIL 2,	1985		10:55			
hauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled wit Institute the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examinering solve neith d	3 SE	X	DE .	4. RACE		5 DATE O		6 AGE (IN YEARS LAST B		MONTHS BAYS				
1	M	LE		WHITE			EMBER 1, 1922		62 YRS.		NOUNS M			
13		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY						
0		IRGINIA		U.S.A	•	WIDOW	2.000	BALTIMORE	COUNT	ITY	DEATH  TO STORY  THE PROPERTY OF BUSINESS			
23	F	ORT HOWARD		VA MED	CHEACILITY, GIVE STR	TER	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		LIFE) INDUSTRY				
35	130 S	AL RESIDENCE (IF NUR STATE ARYTAND	136 COUN	ROTHER INSTITUTION NTY IMORE	13c. CITY OR TO BALTIMO	NWC	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 269 BALT			212			
30	) FA	AYLMER		LUCAS LAST			15. MOTHER'S MAIDEN NAME FIRST MIDDLE  NINA							
11		VAS DECEASED EVEL		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDI	ESS	2000				
Jan P	YI		WWII	TE WAN ON DATES!	577 20	3074	CLINICAL REC	ORDS. VAMC	FOR	P HOWARD	, MD			
2				nly one couse pe			APPROXI BETWEEN C	MATE INTERVA						
Cent		18 CAUSE OF DEATH. Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  APPECIA  A												
, o														
E O		C Inc. If			OR AS A CONSEC					757170				
100		Conditions, if any		(b) (	TOWN HUNGUITE	VIE CARI	DIOMYOPATHY			YEARS	<u>i</u>			
crema ther tr		couse (a), state	ng the	DUE TO, C	R AS A CONSEC	DUENCE OF								
		underlying cous	e lost.	(c)	ORTTC S	TROMEU	3			YEARS	3			
dor's,	CERTIFICATION	PART 2 OTHER SIG	NIFICANT (	CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	UDITION G	IVEN IN PART 110	3			
1		190 DATE OF OPERA	TION	196 CONE	DITION FOR WHI	N WAS PERFORMED	20a AUTOPSY?	IN CERT	IFYING CAUSES	OF DEATH?				
Š	ERT	210. ACCIDENT WAS UP	DERLYING F	716 TIAAF	OF INJURY		21c. HOW INJURY OCCUR	YES NO		YES DEBART 1	NO [			
2 400		OR CONTRIBUTING	CAUSE OF DEA	ATH HOUR A	.M. MONTH		THE TOTAL OCCUR	(ENIER NATURE OF IN)	UNTIPELIEM 18	FAKLLOKPAKLZ)				
	MEDICAL	11d INJURY OCCUR			OF INJURY	19	21f LOCATION							
0	MEC		HILE		TREET, FACTORY OFFIC	E FARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STAT			
S S		AT WORK AT WE	ORK			No bulleto	06			0				
E S		22a 1 certify that (	) (this hospi	A DOTT	he deceased from	O ray		to APRIL		, , , , , , , , , , , , , , , , , , , ,				
121		saw the decea above, (1) (we)	sed plive on (did) (did no	ot) view the bod	ofter death.	85	nd that in (my) (our) apinion	death accurred on the	late and ha	our and from the	couses state			
- e		22 SIGNATURE		0	10	1 mi	PEGREE			22c. DATE	SIGNED			
		Lagur	ana	_	cana	L, "1	ATTENDING PHYSICIAN [	MEDICAL ST.	AFF ICIAN X	1./2/	85			
7		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)		-/	22e ADDRESS			14/3/	15			
5		VADHANA	C. CI	LAUD. M.	D.		VA MEDICAL C	ENTER FORT	HOWAF	2D, MD 2	1052			
1	23a. F	SURIAL, CREMATION				It NAME OF C	EMETERY OR CREMATORY	1234 LOCATION						
		SPECIFY)				CHAMBEI		RIVERDA	T.E	D C C	STAT			
	24 5	CREMATION OF THE CONTROL OF THE CONT	.V	4-6-19	105	OTTHINDE		E REC'D. BY REGISTRA		P.G.C.				
7/84	29 FL	NAME		06	ADDRES	5	DO. DAI	20						
	W.	W. CHAMBE	RS CO.	8655	GEORGIA .	AVE, SI	SPR.Md. A	PR 1 0 1985	Lamb.	murdon-V	pandell			

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3		STATE REGISTRAR		N/DOLF		ICATE OF DEATH	REG. NO		WE - 0	I and the second
		CEASED NAME FIRST OR PRINT)	CHED ING	WIDDLE			20 DATE OF DEATH	NONTH D		26 HOUR
)			HERINE	М.		CKIN	1	+ 25	185	4:25
	3. SEX	EMALE	4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTI		ONTHS DAYS	HOURS MI
	1		White			ary 26,1910	75	YRS		
5	0	RTHPLACE (STATE OR FOREIGN OUNTRY)  Aryland	U.S	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore city of			
To C		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET M.C.	IG HOME C	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKEY	N	12b. KIND O	ome
5	13a. S	A RESIDENCE (IF NURSING HOME TATE 13% CO		13c. CITY OR TOW Rodgers	N	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS /		Rd.	21212
21	FA	THER'S NAME	WIDDLE	1457		15. MOTHER'S MAIDEN NA			1.05	
4	M.	ichael	J.	Gillool	У	Margaret	M.		Row	land
1		AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS		
medico	Ne		GIVE WAR OR DATES)	219-36-05	94A	Margaret M.	Ruth - 8 New	w Fore	st Ct.	21204
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, C		ENCE OF	NOT RELATED TO THE TERM		ITION GIVE	N IN PART 110	2
2	CERTIFICATION	190 DATE OF OPERATION	196 CONE			N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	OF INJURY M. MONTH D. ?.M.	AY YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
sm 21 is mor		22a.1 certify that (1) this has sow the decembed alive the lice (did				1 , 19.85 ad that in (my) (aur) apinion of DEGREE	to 4-25 death occurred on the dat	te and hour	ond from the	
		Crong	DYO	wats		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	AND	4-2	5-85
		224 DUVENCIANIC NIAM								
/		R. FAWCET	,M.D.		Jeli	GBMC-6701	N. CHARLES	ST.		
4	23a B	R. FAWCETI  URIAL, CREMATION, REMOVA	r, M. D.			GBMC-6701  EMETERY OR CREMATORY  BY Valley	N. CHARLES  23d LOCATION CITY OF TOWN Timonium		COUNTY	STATE Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

APR 2 9 1985 June Davidson-Randole

CATHERINE 1,53,4 1212982 PNEUMONTA

CONSESTIVE HEART EXILURE

85 L-15

. G. H. T. T. C. M. F. M

GEMIN-6701 N. CHAPLES ST.

STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE

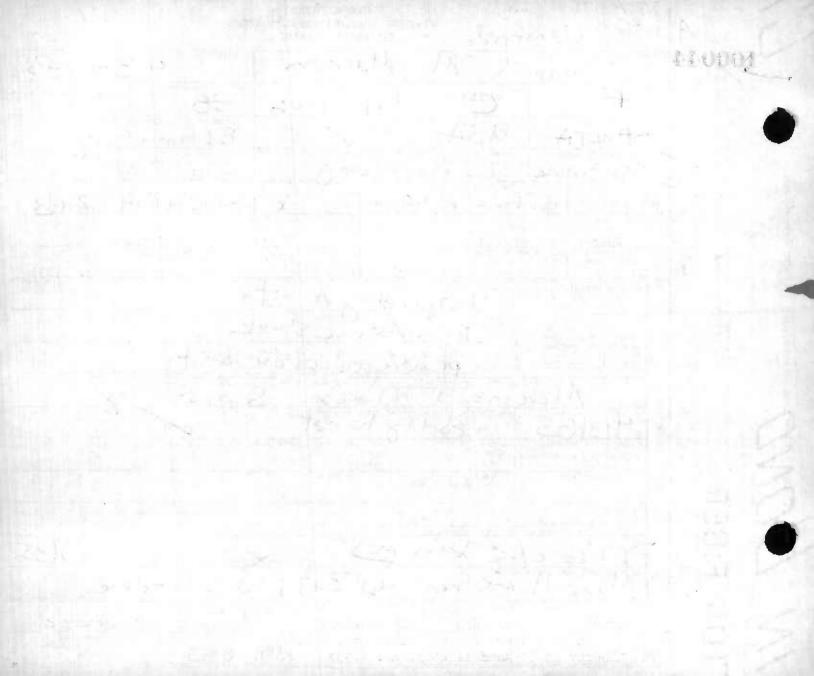
CERTIFICATE OF DEATH

- STATE

REGISTRAR

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on, idea no Mande de la



	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10	dia "1	9	
		EASED NAME FIRST John	Lew	is	Mar	tin	20 DATE OF DEATH	DATE OF DEATH MONTH DAY 4 5			
od Calla	SEX	Male	4. RACE Whit	e	5. DATE O		6 AGE (IN YEARS LAST BII	RTHDAY)	MONTHS DATS	IF UNDER 24 HI HOURS MI	
10 July 20 Jul	a. BIR	THPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIORCED DIORCED	9 BALTIMORE CITY O Baltim				
196		YOR TOWN OF DEATH  TOWSON	GBMC <sup>suc</sup>	HF670T STREET	ADDRESC'h	arles St.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Sales		LIFE) INDUSTRY	of Business of Estat	
理り	130 S		timore	GIVE RESIDENCE BEFOR  13c. CITY OR TOV  Baltime	/N	13d. INSIDE CITY LIMITS? YES NO NO 15 MOTHER'S MAIDEN NA FIRST  Emma	MIDDLE				
hysicion and care appers. Pages ovol.		AS DECEASED EVER IN U.S. AI		166 SOCIAL SECT		Martin Moyla	ADDR				
signed by the attendi hen please remove cor to burial, cremotian, or ijury, or ather troumati	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEOU	ive ENCE OF	Heart Failu		IDITION G	SIVEN IN PART 1:	la .	
hos been prior ows any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	YES, WERE FINDING TIFYING CAUSES	NGS USED S OF DEATH?	
DIRECTOR. After this certiful thed for use as the buriol-treept. of Health and Mental Item 21 is marked or them 1	CAL	21g. ACCIDENT WAS UNDERLYING COURSED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21g. THE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21g. THE OR TOWN P.M. 19  21g. THOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21g. TOO TOWN STREET CITY OR TOWN 22g. I certify that (1) (this haspital) attended the deceased from 3/31, 1985 to 4/5, 199 saw the deceased alive pn 3/31, 1985, and that in (my) (aur) opinion death accurred on the date and hour on the date and hour on the date and hour on DIRECTOR PHYSICIAN DIRECTOR PHYSICIA									
should be detored in the Stote E			ammy -	nnell M	[. D.			-	/ / /		

ADDRESS 6500 York Rd. Inc. Balto., Md.21212

STATE OF MARYLAND

12b. KIND OF BUSINESS OR

Real Estate

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

85\_ that (l) (we) last

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURELAND

6:50pm

MD.

IF UNDER 24 HRS

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home.

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	F MARYLAND 😝 🚉
DEPARTMENT OF HEA	LTH AND MENTAL HYGIENE
CERTIFIC	ATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTS 31 185 LOUIS & AGE LIN YEARS LAST BIRTHDAYS MALE MONTH DEC. 1917 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 11.5.A DIVORCED [ BALTIMORE COUNTY 176. KIND OF BUSINESS OR BALTO. MED CENTER INDUSTRY TOWSON WAREHOUSE SUPERVISOR 13a. STATE 13e STREET ADDRESS / ZIP CODE 2937 NORTHWIND Rd 21234 Mo BAITIMORE LEATHER'S NAME THERESA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) SUSANL. FOSLER 2937 NORTHWING Rd 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY STAPHYLOCOCCAL SEPTEMIA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which DNFHMONTA gave rise to immediate stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 10 8.5 10 85 220.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN Y 22e ADDRESS 6701 N. CHARLES ST. HERLIHY M.D. **GBMC** G-ARDENS OF FAITH

DHMH - 16 60M 7/B4 (VRA 15, 4)

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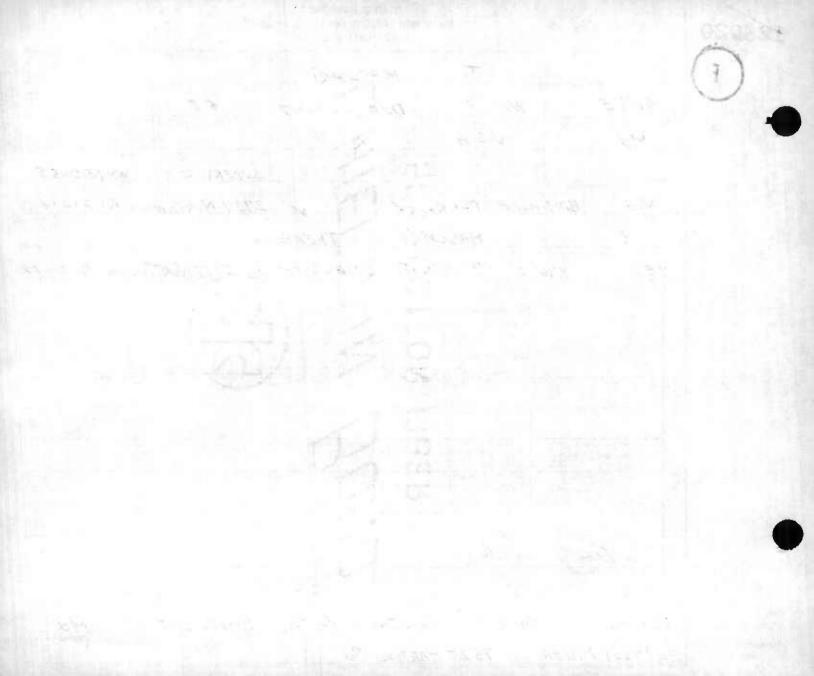
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RTLEY MILLER

FOR

7527 HARFERD Rd

REGISTRAR 256 REGISTRAR 250. DATE REGD. 8Y



Nestal

FEMALE WHITE & M. B.

3/4 M BALTIMORE COUNTY

MARKIN HE PR 41 5-2

CEMO-STOT NORTH CHARPS STE.

CARDIO PULMONARY ARREST

3911147 14139

SEVERE BROWNHO PULMONARY DYSPLASIA AND SEVERE - PERSISTANT FETAL CIRCULATION

NORMA V. CEMICON, M.D.

SYS N. STARLER STREET-SHARL

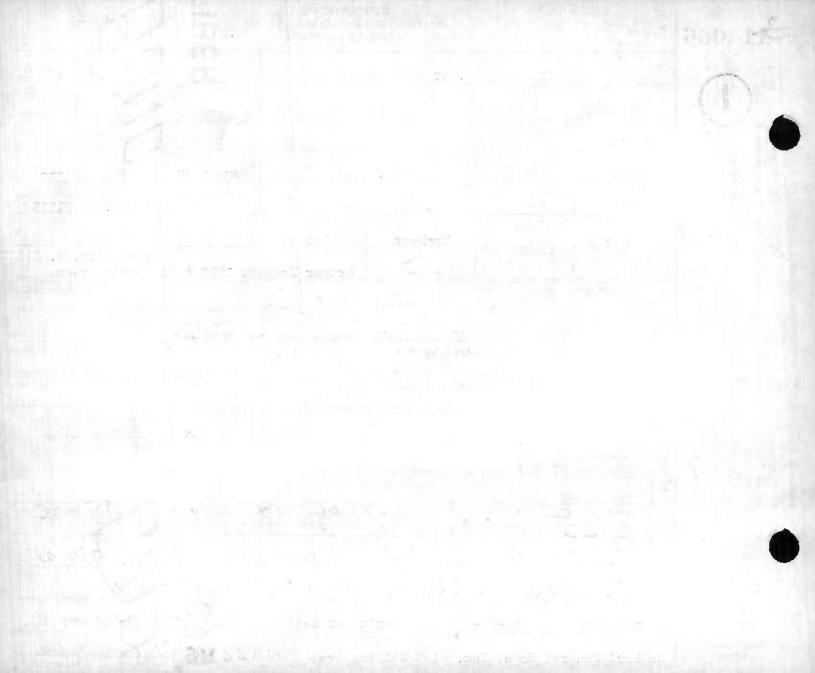
STATE OF MARYLAND	8
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HY	GIENE REG. NO	Eve		
DECEASED NAME FIRST	AIDDLE	ī	AST		MONTH DAY	YEAR	26 HOUR
(11YPE OR PRINT) Lloyd	Goldsborough	MaAT	lister, Sr.		A 10	- 05	11.000
3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	4 15	5 85	IF UNDER 24 HRS
Male	White	8 8		87	YRS.	NTHS DAYS	HOURS MIN.
Dorchester MD	76 CITIZEN OF WHAT COUNTS	MARRIEI WIDOWE	D NEVER MARRIED	Baltimore city o		FDEATH	M
Cockeysville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Broadmead 1.	SING HOME C		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF attorne	ON F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OF
13a STATE 113b CC	or other institution give residence being the last of		13d Inside City Limits? Yes \( NO \( \) \( \)	13e STREET ADDRESS /		2	1030
4 FATHER'S NAME FIRST E. Nev	vton McAlliste	r	15 MOTHER'S MAIDEN NA Sarah			Ho] de	
160 WAS DECEASED EVER IN U.S. (YES, NO ORTHIKNOWN) (# YES	ARMED FORCES? 166 SOCIAL SE 212-09		Ann Windsor	6103 Pinehu			
	only one couse per line for (a), (b), ISED BY: IATE CAUSE (o)	and ici.	7			BETWEEN	MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSEC (c)  IT CONDITIONS CONTRIBUTING T		NOT RELATED TO THE TERA	minal disease or cont	DITION GIVEN	IN PART 110	3
198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	OF DEATH?
00.000.000.000.00	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18 PART	OR PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	CE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	spital) attended the deceased from	1 4	nd that (my) (our) opinion	deoth occurred on the do	) 19. Ite and hour or	nd from the	tha (I) we) los couses stoted
22b. SIGN MORE	nsnun	>	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	FATE	22c DATE	16/8
228 PHYSICIAN'S NAME (TY	2 ARO		Mode	Imeac			
230 BURIAL, CREMATION, REMOV	April 19,19	31. NAME OF C		236 LOCATION CITY OF TOWN WOOdlav	vn Ba		County,
24 FUNERAL DIRECTOR NAME Mitchell-Wiede	feld Home,6500 Y	ork Rd.	Bal.Md. AP	R 1 8 1985			URE CONCLETE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

office. The state of the state





- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25a. DATE REC'D. BY REC

7h HOUR

17b. KIND OF BUSINESS OR

21220

INDUSTRY

BRASWELL

206 IF YES, WERE FINDINGS USED

COUNTY

From Daviden Jandall.

22c DATE SIGNED

4/25/85

STATE

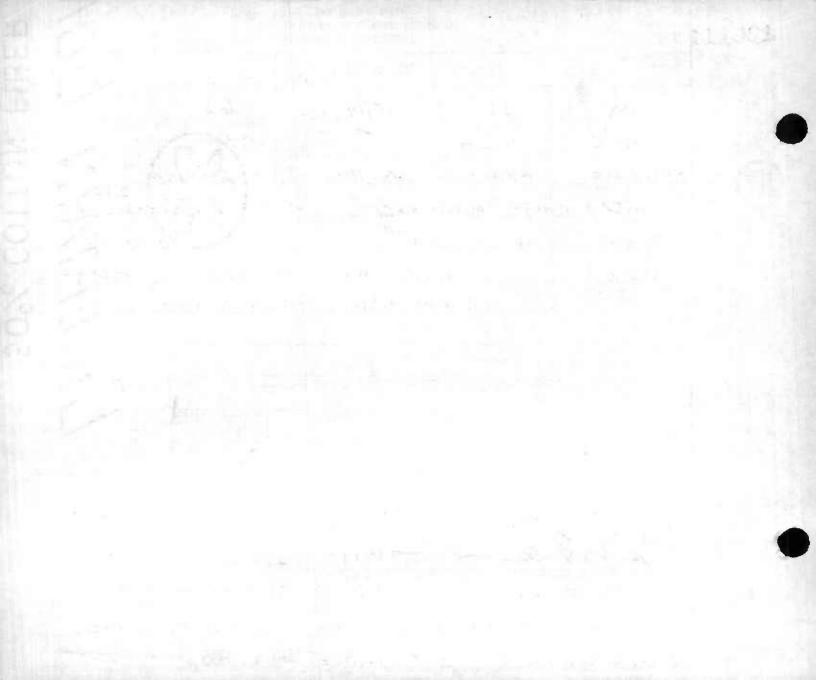
STATE

YES [

IN CERTIFYING CAUSES OF DEATH?

3:36PM.

IF UNDER 24 HRS



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10	1.	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE	REG. NO.	4-4		
1047		CEASED NAME OR PRINT)	nna	Ange1	a Mo	Dona	1d	20. DATE OF D		/1/85	26 HOUR 10:00 F	
after d	3. SE.	Fema <b>l</b> e	4	White S DATE OF Aug.			6 AGE LINYEAR 84	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
36		RTHPLACE (STATE OR FI COUNTRY) Maryland	OREIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		CITY OR COU	County	, MD.	
VZ	10. C	TOWSON	TH 1		HOSPITAL, NURSIN THEACILITY, GIVE STREET N Charl	ADDRESS]	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKIN	12b. KIND C	OF BUSINESS OR	
135	13a. 5	AL RESIDENCE (IF NURSI	ng home or co 13b COUNT Balti	Y		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	800	DRESS / ZIP C		)4	
090		THER'S NAME Joseph Bro	oks "	IS. MOTHER'S MAIDEN NAME FIRST Catherine Lavin							LAST	
Pages 1	16a V	VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	213-52-		Michael J. M	lanley		arford Ro	i. 21234	
physicio mpapers moval.		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY:	line for (a), (b), one			4 4 7 7 7 7	ONSET AND DEATH			
is signed by the of then please remote buriol, cremonium, or other tr	NO	gove rise to imm couse (o), statini underlying couse PART 2 OTHER SIGN	lost.	DUE TO, O	r as a conseque	NCE OF	NOT RELATED TO THE TERM			1		
t permit.	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	SY? 20b IF	YES, WERE FINDION RTIFYING CAUSES	NGS USED OF DEATH?	
iol-tronsi intol Hygintol Hyginem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	4	OF INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN ITEM	18 PART : OR PART 2}		
ter this of the burner of the	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	1 5	CITY OR TOWN	COUNTY	STATE	
for use of for USE of Health		22a. I certify that (I) sow the decease above, (I) (we) (d				3/22	, 19 <u>85</u> nd that in (my) (our) opinion (	. 10	on the date and		that (I) (we) lost couses stated	
RAL DIRE detoched stote Dept.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								STAFF PHYSICIAN	221 DATE	1-85	
should be deti with the Stote				Donne:	11		27e ADDRESS  GBMC					
- 5 3 ≤	23a I	surial, cremation, is spe Burial	REMOVAL	236 DATE 4/4/8	5 Du	laney	EMETERY OF CREMATORY Valley Memor	ial Tim	onium, l	Balto. Co	state Md.	
- 16 60M 7/B4 RA 15, 4)	24 FI Mi	INERAL DIRECTOR	defeld	Homo			DAT DAT	E REC'D. BY REC	GISTRAR 256. REC	GISTRAR'S SIGNAT	URE	

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO I. DECEASED NAME 26 HOUR 02057 YPE OR PRINTS IF LINDER 21 HPS 1. 5EX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) YEAR BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130 STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4957 FIRST MIDDLE Hoffman Simpson Laura Townsend ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 2520 Wendover Rd. Janet Trojanowski APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a A CONSPOUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 20 220.1 certify that (1) (this haspital) attended the deceased from saw the deceard alive on above, (1) (we stid) (did not and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGINE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY ITY OR TOWN Baltimore Co. Md. 4-12-85 Garrison Forest Va. Md Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APRIL 1 0 1005 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Road

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 105002 REGISTRAR DECEASED NAME 0. DATE KNOWN (TYPE OR PRINT) OF ESTI-COMPTON MC LERNON E. 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE BIRTHDAY) PRONOUNCED July 24, 1928 White 56 DEAD Male TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County, U.S.A. Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Clothing Salesman 21204 #9 May Avenue Towson ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS) | 13e STREET ADDRESS YES NO X 9 May Avenue 13c. CITY OR TOWN Baltimore Towson Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME  $\textbf{Compton}^{\text{\tiny LAST}}$ MIDDLE Edith Mc Lernon James 21209 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 7 Suntop Ct. Apt. 101 216-28-1218 Erin C. McLernon No 18 CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 711 LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN WHILE AT WORK 220 I certify that I taak charge of the remain described above, held an Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner Towson, Md. 21204 Charles F. O'Donnell, M.D. ADDRESS 7501 York Road 230. BURIAL, CREMATION, REMOVAL 236. DATE 73r. NAME OF CEMETERY OR CREMATORY Balto., Md. STATE Woodlawn Greek Orthodox Cemetery April 8,1985 Burial BP 1050 York Road | 250 DATE REC'D. BY REGISTRAR | 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5))

20M 4/82

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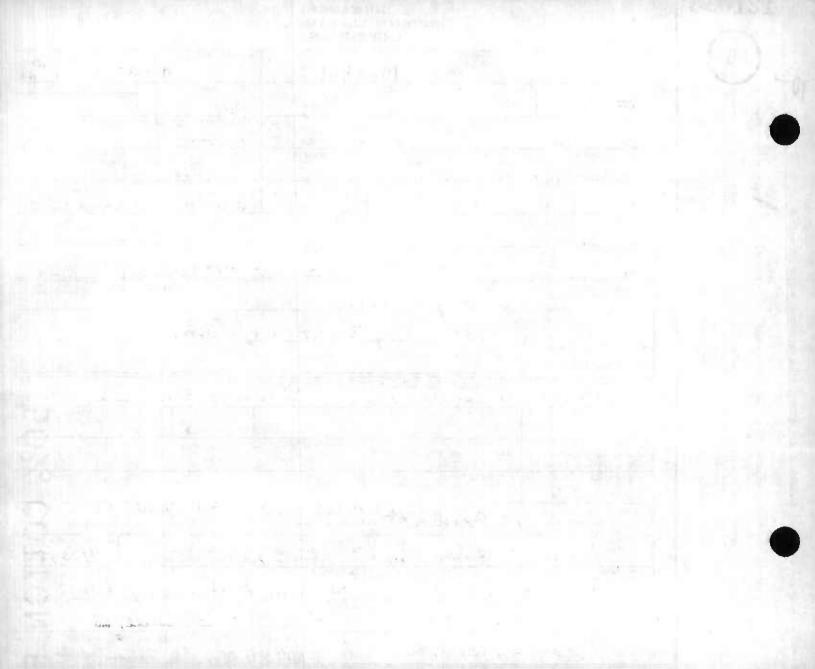
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21054	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	YGIENE 1 0 2 5 8	
(E)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26.	HOUR
		Ma	ru	Meckel	4 - 20-85	1-
edir, p	3. SE	x bemale	«hite	5. DATE OF BIRTH  MONTH  MArch 21.1921		UNDER 24 H
werol dire	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  New Jeaseu	76 CITIZEN OF WHAT COUNTRY		RAITIMORE CITY OR COUNTY OF DEATH	
rs ofter the full by the full filled with	10. C	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION (SET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife home	USINESS
24 hours of filled in by auld be file.		Catonsville AL RESIDENCE (IF NURSING HOME O STATE 135 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO	DRE ADMISSION) 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	0070
mpletely fill	Ti, F.	Md PG ATHER'S NAME FIRST  John T. Ward	MIDDLE LAST	YESU NO []  15 MOTHER'S MAIDEN FIRST  Mary	NAME MIDDLE CURLEY	2070
ond con Poges le		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUL	CURITY NO. 17. INFORMANT	ckel 6145 Leesburg Pike. Fo	alls
g physicio on popers: emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b),		Church Cartween ONS!	
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been signed mit. Then ple prior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICANT  White  190. DATE OF OPERATION	iple sale	A /	RMINAL DISEASE OR CONDITION GIVEN IN PART 110  200 AUTOPSY? 200. IF YES, WERE FINDINGS	
he lo	ERTIFIC	21g. ACCIDENT WAS UNDERLYING	7 215. TIME OF INJURY	121¢ HOW IN IURY OCC	YES NO WINCERTIFYING CAUSES OF YES NO WINCERT NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NO
SICIA ng p certif priol-t	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH			
NG PHY r offendi offer this os the bu th ond M	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC ) STREET	CITY OR TOWN COUNTY	STATE
OR ATTENDI or hospital or DIRECTOR: A oched for use Dept. of Heal of Hem 21 is m	1	sow the deceosed olive or above, (I) (we) (did) (did n	oitol) ottended the deceosed from  19 19 19 19 19 19 19	ond that in (my) (our) opin	on death occurred on the date and hour and from the cou	uses stated
Y the horal DIRE		22b. SIGNATURE			MEDICAL STAFF  MEDICAL STAFF  MEDICAL STAFF	B /8:
O HOSPITAL OR A etoined by the hos TO FUNERAL DIREC with the Store Dept. With the Store Dept.		22d. PHYSICIAN'S NAME (TYPE	ROWE	22e ADDRESS	rit Narning Hom	. 2.
BP	C.	BURIAL, CREMATION, REMOVA SPECIFY TEMATION	23b. DATE April 22,1985	NAME OF CEMETERY OR CREMATOR Westview Memoria	l Park Catonsville, Md	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director raldson Funeral	Home, Laurel, N		DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	



requires that the death certificate be executed within 24 haurs after death

ENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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by	10	<b>\$08</b>	3'

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NIC

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	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	1. DECEASED NAME (TYPE OR PRINT)	IRVINO		MIDDLE		EDIN	20. DATE OF DEAT	9, 1985	AY YEAR	26 HOUR 2:35
37	3. SEX		4. RACE		5 DATE (	DAY YEAR	6 AGE (IN YEARS LA	M	IF UNDER 1 YE	
3	MALE 7a. BIRTHPLACE (S COUNTRY)  MARYLA			WHAT COUNTRY?	SE MARRIE WIDOWE	D XXNEVER MARRIED -	9 BALTIMORE CI			
10	TOWSON	OF DEATH	11. NAME OF (IF NOT IN SUC MANOI	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A R CARE NUI	RSING	OR OTHER INSTITUTION HOME	12a USUAL OCCU (TYPE OF WORK FOR M SELF – E	PATION OST OF WORKING LIFE MPLOYED	REA	OF BUSINESS O
0	MARYLA	ND BAI	OTHER INSTITUTION	BALTIMO	ADMISSION) RE	13d INSIDE CITY LIMITS? YES \( \text{NO } \text{NO } \text{Y}	13e STREET ADDR	SS ZIP CODE D COURT	APT. RD.	308 # <b>21</b> 208
10		THAN	WIDDLE	MEDIN		BESSIE	WIDE		ZEL	
1	YES NO OF UNKNO		MED FORCES?  WAR OR DATES!  ARMY	218-05-		2331 OLD C	S. DOLORE			21208
"	18 CAUSE OF PART I. DE	ATH WAS CAUSE	y one couse per DBY: E CAUSE (a)	ling for an (b), and	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ubotte)	110		BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
, or office in comp.	gave rise couse (o), underlying	if any, which to immediate stating the cause last.	DUE TO, O	R AS A CONSEQUE	DE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION GIVE	N IN PART	3910
Ź	190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ING CAUS	DINGS USED ES OF DEATH?
9	OR CONTRIBUTE	WAS UNDERLYING	TH HOUR A.	DF INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18 PA	RT I OR PART 2	)
	(IF EITHER NO: 21d INJURY C	NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	saw the	that (I) (this hospid deceased alive an	41 =	19			, to death accurred on t	he date and hour	ond from the	, that (I) <del>(===) l</del> a he causes stated
	226 SIGNATU	A A	1	0			MEDICAL DIRECTOR   PH		171. DA	19/85
	ANDR	EW P. WE	INFELD,			222 W. COLD	SPRING I	A. BAI	то.,	MD
	130 BURIAL CREMA			The state of the s		EMETERY OF CREMATORY L MEM. PARK	RANDA	LLSTOWN	caBALT	O. STAMI
7/84				BALTO.		21215 25a. AA	R 1 6 198	RAR 250 REGISTR		

DHMH - 16 60M 7/84 (VRA 15, 4)

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Marketti - California (1888 to 1888 to

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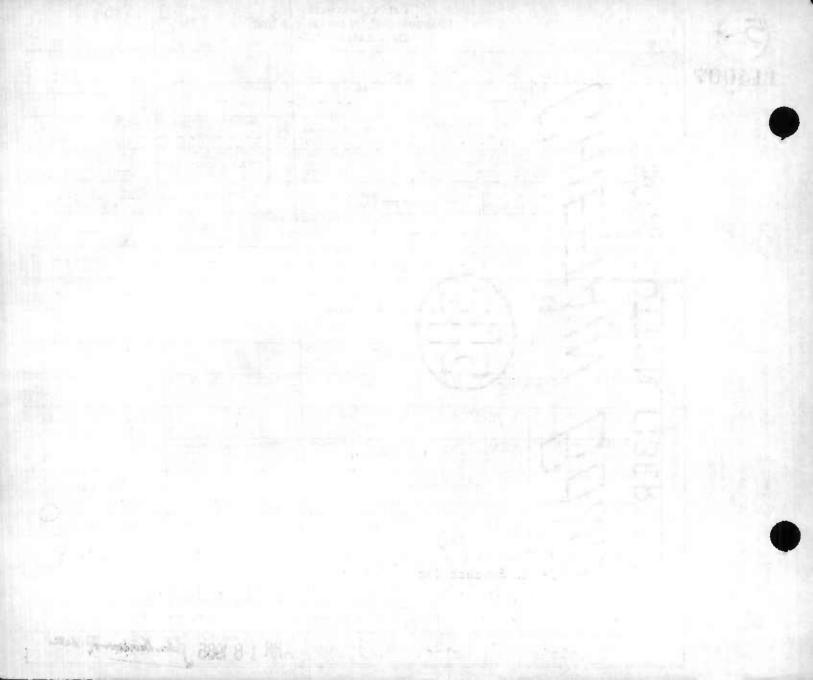
# DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL FICATE OF DEATH	HYGIENE	S REG. N	0	2	6	0
1. DECEASED NAME FIRS	1	MIDDLE		LAST	2a. [	DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
MERR	111	Α.	MES	SICK			04	16	185	12:00%
3.58X	4 RACE		5. DATE O	OF BIRTH	6 A	GE (IN YEARS LAST BIR	THDAY)	IF UND	DER I YEAR	IF UNDER 24 HRS
MALE	WHIT	E	Ser	t 11 1905	5	79	YRS		DAYS	HOURS MIN,
8 BIRTHPLACE LATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	DE NEVER MARRIED	9 B	ALTIMORE CITY C	R COUN	TY OF D	EATH	
VA.	U.S	.A.	WIDOW			ALTIMOR	E CC	UNT	Υ,	MD.
O CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120	USUAL OCCUPAT	ION	121		FCEOBER
TOWSON	GREATE	R BALTO	. ME	D CENTER	,,,,	SALESM	AN	2000) 100	DOJIKI	ING CO.
MD.	OUNTY	GIVE RESIDENCE BEFORE  136. CITY OR TOW  BALTII	'N	13d INSIDE CITY LIMIT. YES X NO	5?  13e <b>§</b>	TREET ADDRESS 102 RE	ZIP CC	ÄVE	. 2	1218
4 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE			1.45	
ISAAH	н.	MESSIC:	K.	MAUI	DE	MIDDLE		- 4	HA	ĽL
60 WAS DECEASED EVER IN U. (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	214-01		17 INFORMANT RUTH MES	SSIC	ADDR K (WIFE		ME	ADDI	RESS
18 CAUSE OF DEATH (Ent. PART I, DEATH WAS C. IMMM!  Conditions, if any, white gave rise to immediocause (a), stating the underlying cause loss.  PART 2, OTHER SIGNIFICAL.	AUSED BY:  DUE TO, O  th  the  DUE TO, O  th  (b)  DUE TO, O  (c)  (c)	MFTAST R AS A CONSEQUE R AS A CONSEQUE	ATIC ENCE OF	MELANOMA  NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION (	GIVEN IN		IMATE INTERVAL ONSET AND DEATH
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	19b COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20	a AUTOPSY?				NGS USED S OF DEATH?
E CONTRACTOR OF THE CONTRACTOR					Y	ES NO	III4 CEK	YES	CAUSES	NO [
00.00	DE DEATH HOUR A	M. MONTH DA	AY YEAR	21c HOW INJURY OC	CURRED	ENTER NATURE OF INJL	RY IN ITEM I	8 PART I O	R PART 2)	
(IF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  NOT WHILE AT WORK		REET, FACTORY, OFFICE F		211 LOCATION STREET		CITY OR TO	)WN	C	OUNTY	STATE
27a   certify that (I (this sow the leceased all abave (II) (we) (did (d	hospital) attended the	e deceosed from_ 19 8	\$/2	nd that in (my) (bur) pi	85 nion death	occurred an the d	ate ond h	-, 19		that (I) we last causes stated
22b. SIGNATURE	Femi	the Co	2000		NG ME	EDICAL STA	FF	1	4	6/85
LYNDA A.	PRINCE,					1 N. CH	ARLE	S S	т.	
230. BURIAL, CREMATION, REMO				EMETERY OR CREMATO		BAL1	TMO	COU	NTY	MD STATE
BURIAL	4/20/			EY VALLEY						
24 FUNERAL DECHRIMUN	IEK FUNEI	RAL HOM	IE IN	250	DATE REC	D. BY REGISTRAR	LOB REG	I FRAR'S	SIGNA	AURE .

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be deteched for use with the State Dept. of Hea MPORTANT, If Nem 21

9705 Belair Rd., Balto. Md. 21236



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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- STATE CERTIFICATE OF DEATH REGISTRAR LAST 28 DATE OF DEATH MONTH DECEASED NAME 7h HOUR TYPE OR PRINTS **MEYERS** April Nannette RACE A AGE (IN YEARS LAST BIRTHDAY) FUNDER 24 HRS 1.5EX 5. DATE OF BIRTH IF UNDER ! YEAR HOURS. MONTH Female White 1893 February 6. 92 YRS BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. USA Baltimore County M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville ranklin Square Hospital-21237 Luth. Church Sec ty. Retired USUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 1723 Eastern Avenue - 21231 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Mevers Sabina Hamm 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21206 (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATES! 218-12-3693 No Mrs. Dorothy L. Ritterpusch-6609 Fairdel Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Pneumonia DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE Apri 22a.1 certify that (M(this hospital) attended the deceased fram. April 85 sow the deceased alive on and that in (M) (our) apinion death occurred on the date and hour and from the causes stated above, (we) (did) (aid not) view the bady after death DEGREE 220 DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OF PRIN 22e ADDRESS Pame la Pyle M.D. 9000 Franklin Square DR., 21237 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Apr. 10, 1985 Oak Lawn Cemetery Balto. County, Maryland-21224

DHMH - 16 60M 7/84

DIRECTOR

Mental

MPORTANT

(VRA 15, 4)

24 FUNERAL DIRECTOR Henry Sander & Sons, Inc. Baltimore, Md. 21218

BP.

DHMH - 16 60M 7/B4

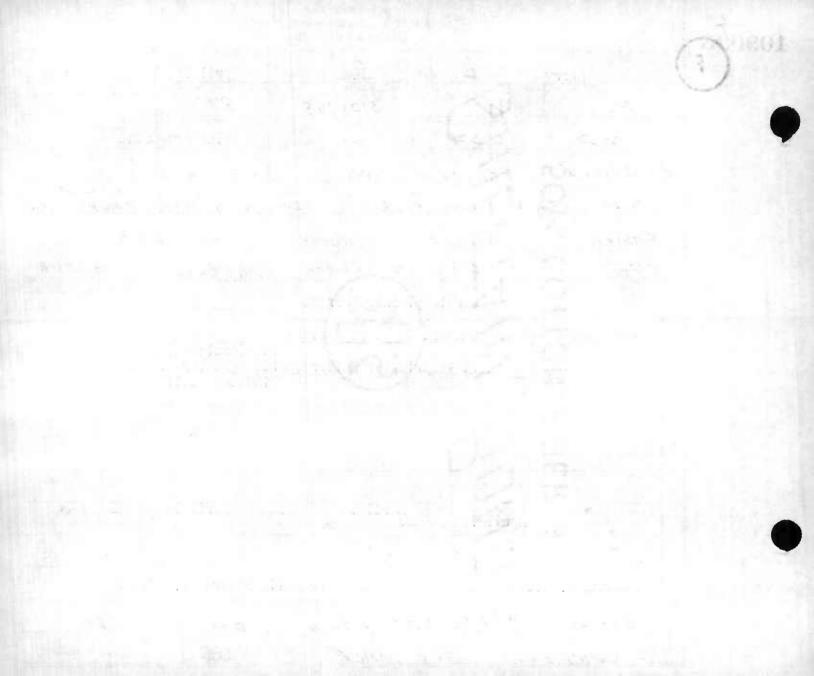
(VRA 15, 4)

FOR - STATE

			OF M			R
PEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIE

CEDTIFICATE OF DEATH

X	REGISTRAR		CLKIII	ICAIL OI DEATH	REG	NO.		
A	DECEASED NAME FIRST	WIDDLE	i.	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1	Harry	1		MILKE		10, 198		2:30P M
3.	SEX	4 RACE	5 DATE C		6. AGE IN YEARS LAST		FUNDER 1 YEAR	HOURS MIN.
	e M	W		3/31/98	87	YRS.		
70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT			
	MD	USA	WIDOWE	DIVORCED	□   Baltin	nore Cou		MD.
00	ROSSVILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING LIFE)		OF BUSINESS OR
U:	SUAL RESIDENCE (IF NURSING HOME OF	VTY I3c. CITY OR TO	OWN	136 INSIDE CITY LIMITS		with all an a	2/2	
84	FATHER'S NAME	ALTO MIDOLE	RIVER	YES NO		SREEN	BANK	174
1	CASPER	MILKE	=	MARY	MIDDLE	UTZE	RIAS	)T
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNINDOWN) (IF YES, GIT	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) Z18 18	CURITY NO.	17 INFORMANT	AD	JRESS	1	BOVE
	VIVK	210 10	4721	LL718H	CAMPBE	<u>LL</u>	' /	MATE INTERVAL
CEPTIFICATION		DUE TO, OR AS A CONSEC	tive He OUENCE OF tricula	r Failure, C	Arterioscles ardiovascula eRDiabetesorMo  200 AUTOPSY? YES NOC	ar Disea Andribusse 20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED
MEDICAL CED		HOUR A.M. MONTH	19	216 HOW INJURY OCC	URRED (ENTER NATURE OF I	NJURY IN ITEM 18 PAI	et 1 OR PART 2)	STATE
	220 I certify that A this hasp saw the deceased alive an	n St. SAL	<u>85'</u> ,	DEGREE ATTENDING PHYSICIAN  22e ADDRESS		TAFF SICIAN	22c. DATE	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 4/13/85 23	OAK	EMETERY OR CREMATOR	BALT	0	COUNTY	STATE
24	FUNERAL DIRECTOR  NAME  CONNE	FLLY 30	P M	ACE A	PR 1 7 1985	ARIZSE REGISTR	AR'S SIGNAT	ndelle "



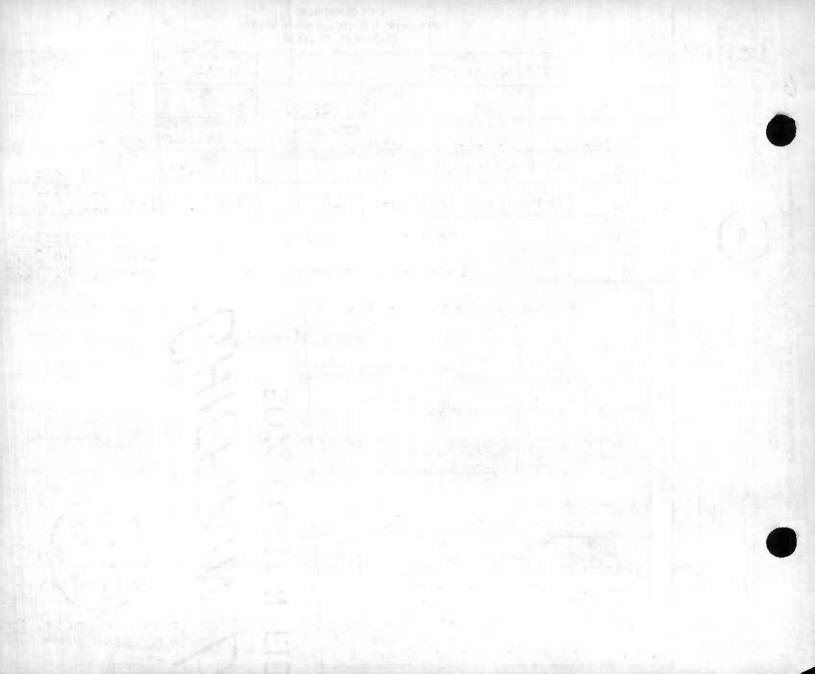
162	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL MYG	REG. NO.	6 3
LAOK		EASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
21	HYPE	ORPRINT) EDN.	A E.	MIL	LER	March 9, 1985	1:35 ₪
200	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	Sept	. 5, 1885	99 yrs.	7.00.00
8 7		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	V2 1	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
3		MD	USA	WIDOWE		Baltimore Co	ounty MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
74		Towson	Multi-Medica		er	Clerk	B&O RR
35	13a. S	LE RESIDENCE (IF NURS) OU TATE OU	OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. CITY OR TO Balti	NWC	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 116 W. Unive	rsity Pkwy.
1	4. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		
15		Henry	MIDDLE LAST	er	Elizak		Pflug
2		(AS DECEASED EVER IN U.S. AF ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SI		Robert W.		rooklandville, MD 21022
-			nly one cause per line for (a), (b),		0 11 0	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar ather	NOI	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	OUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART I 10
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
100	-	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PARI I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			oitol) attended the deceased from March 11	8.5 . or	nd that in (my) aur) opinian	death occurred on the date and ha	ur and from the couses stoted
_		274 PHYSICIAN'S NAME (TYPE	e Hand	^	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	Muhl, 198
IMPORTANT		Dr. Howard	H. Bond, MD		9618 Belair	Road, Balto.,	MD
	(	URIAL, CREMATION, REMOVA SPECIFY! Burial	3/12/85	Lorra	emetery or crematory line Park	Balto.,	COUNTY MD STATE
/B2			y W. Jenkins d Balto. MC			AR 1 1 1005 ME	Landam Manage

Tan and Musical Carant Stark

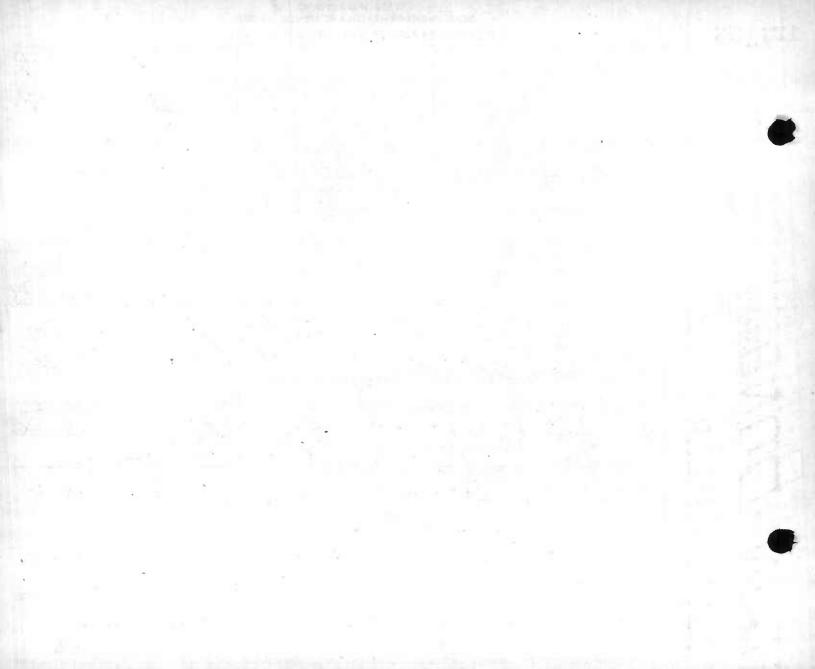
Harry Maller Willer Willer W. Miller W. Maller W. 2100 Person of the Maller W. Maller W. Miller W. Miller

A. House H. Constant Selection Form Selection (Albertain Form) Selection (A

4	2246	رمر	1 -	FOR STATE REGISTRAR			DEPAR	CERTII	ICATE OF DEATH	REG. N		0 4	
	2316			CEASED NAME ORPRINT)	FIRST LIL		• MILLI		AST	April 1		NAT YEAR	2:30 A M
4	ge 4 may be ectar, page 2 rs after death			Female		4. RACE Whit	е	5. DATE (			6 AGE (IN YEARS LAST BIRTHDAY) IF		1F UNDER 24 HR5 HOURS MIN.
•	neral dir in 72 hou	Zi		RTHPLACE (STATE OR FO	DREIGN	U.S.	WHAT COUNTRY $A$ .	? B. MARRIE WIDOW	DXX NEVER MARRIED [	l Baltamo			MD.
10	by the fu	2	S	parks		1653	4 Yeoh	Roa	DR OTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST! Housewi:	E e	Own	Home
ND 212	24 have	75	13a. S	Pa.	124 CONTIN		GIVE RESIDENCE BEFO 134 CITY OR TO Catawi	WN	134 INSIDE CITY LIMITS?	130. STREET ADDRESS,	/Zip [hird	Code 1	7820
MARYLA	8)	22	M FA	THER'S NAME Jacob		WIDDLE	Hoffn	nan	Emily	MIDDLE		Messa	itzzia
IMORE,	in a	3	16a V	VAS DECEASED EVER II ES NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	166 SOCIAL SEC		Dolores J.			rks, M	ho Rd., MD.21152
PRESTON ST., BAL	te death certificate e attending physici mave carban paper nation, ar remaval.	Traumonic event, tra		18 CAUSE OF DEATH PART I. DEATH W./  Conditions, if any, gave rise to imm cause   ol, stoting	AS CAUSE IMMEDIA1 which edipte	D BY: IE CAUSE (a)  DUE TO, O	Po Imano RAS A CONSEQ Mefestal	UENCE OF	nforetim place, abolen	me plum	)		MATE INTERVAL ONSET AND DEATH  A J- IL
ECORDS, 201 W.	ow requires that the bear signed by the control of the please or price to burial, and the control of the contro	any injury, ar ame	CERTIFICATION	underlying cause PART 2. OTHER SIGN	IFICANT (	CONDITIONS C	- lung d	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	20b. IF YE	VEN IN PART 10 S, WERE FINDIN	NGS USED
OF VITAL R	ICIAN: The It g physician. ertificate has ial-transit per ntal Hygiene	7		210, ACCIDENT WAS UNDI OR CONTRIBUTING	AUSE OF DEA	HOUR A	DF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	YES NO A	YE	ES 🗌	NO []
DIVISION OF VIT	offending ter this case the burn and Me	L Keo	MEDICAL	21d, INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	ATTENDIN aspital ar ECTOR: Afted for use of after use of the after use of a feath	Dm 81 17 ma		sow the decease abave (1) (we) (di	d oliverson	4/14/8	5 10	-	nd that in my (our) apinio	n death occurred on the o	late and hau		
	by the high terms of the high terms of the high terms of the contract of the property of the p			22d. PHYSICIAN'S NA	ME COM	herry	af		M. ATTENDING PHYSICIAN  1220. ADDRESS	MEDICAL STA	CIAN	41	18185
	TO HOSP	MALO KI	22	Lec E			R mp.	NAME OF	6112	York Rd	Bol	to one	21212
1990	BP/19		(	Burial  Burial	EMOVAL	4/18	/1985 E	lan N	emetery or cremator	rk Lime R			
DH	IMH - 16 50M 4/ (VRA 15, 4)	82		J. Hart	enst	ein Ne	cond at	dom,	nklin Stap PA 17349	R 29 1918	TSW REGIS	MANUS SIGNAL	HERE

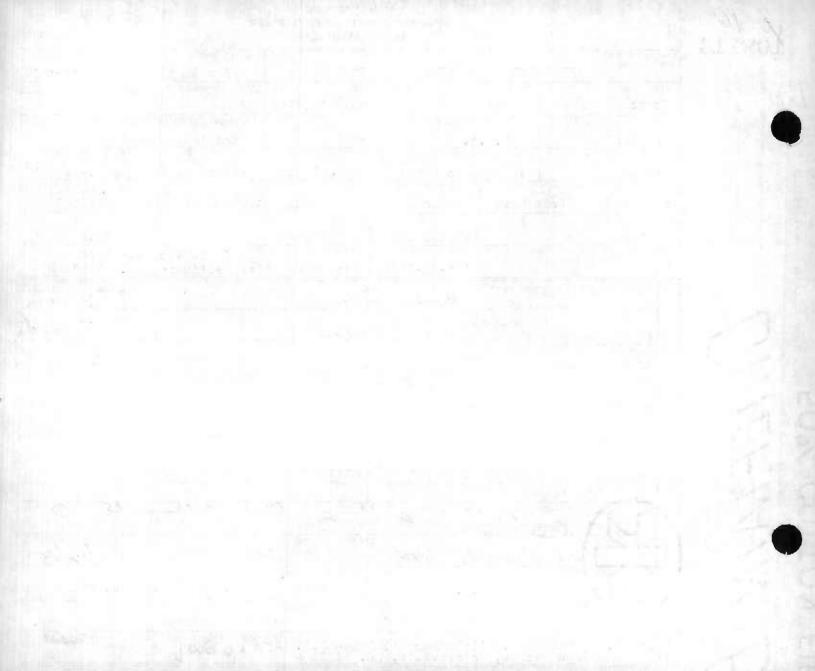


1	Ne	w. Certif.Film	603 5/6/85	STATE O	F MARYLAND	OIENE 0	2 6 5
107156	1-	STATE per M.E. REGISTRAR		CAL EXAMINER'S			
	T. DE	CEASED NAME FIRST	, N	AIDDLE	LAST	20. DATE KNOWN F	
결혼하였는		REU	/	NA	111/ER	OF ESTI- DEATH MATED	Apr/ 1583 / 5M
PLEASE RECTOR R PILES HOURS STREET	J. SEX	F 4 RACE	5. DATE OF BIRTH	YEAR / LAST BIRTHDAY) MI	UNDER 1 YR. IF UNDER 2	MIN PRONOUNCED A	THE PART HOUSE
SSARY, P RAL DIRE R YOUR HIM 72 H	Dr. B	HTHPLACE (STATE OR	1.2 15	COUNTRY? IA		DEAD 9 BALTIMO	R COUNTY OF DEATH
프 프 모 모 모 모		IGH GOUNTAM A	USF	] MA	RRIED MEVER MARRIEI		POUNTY MD
SES SES	H.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOME, OR C		120 USUAL OCCUPATION (TYPE	
\$08.5°		DWSON	1/UIANE	Y LOWSON	NURSING	HER HOME	1/
PECONI		AL RESIDENCE (IF IN NURSING HEAT TATE 36 COL	E OR OTHER INSTITUTION, GIVE F	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 1	3. STREET ADDRESS 5-4	Aue 21234
	15	ATHER'S NAME	MIDDLE /	/	15. MOTHER'S MAIDEN	NAME	CAST 117
A SESTE	(	HARIES	<u></u>	ASINGS	LUA 17. INFORMANT	- //4006592	EST RO WESON
C NON TON		WAS DECEASED EVER IN U.S. / ES. NO, OR JINKNOWN) (IF YES, G	VE WAR OR DATES)	216 03 478			JURSING ENTEN
BAL URS J WEH PAC DAG	H	18 CAUSE OF DEATH (Enter			0 1		APPROXIMATE INTERVAL / BETWEEN OMSET AND DEATH
4 HO NAG ENE.		PART I DEATH WAS CAU	SED BY:	cides	Keste	ulanto	elect Seed of
STORY		Canditians, if any, whi	DUE TO, OR AS	A CONSEQUENCE OF	100	11/1	21 m =
W. PREST D WITHIN ENCE IN MRINER J TRANSIT FENTAL HY REMOVA		gave rise to immedia	te (b)	done conserve of	eches,	Nep	2/2/1/m2
OR STATE OF		lying cause last.	1 22	mera	Las X	3600	TITE
2 ×02450		PART 2 DTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DE	EASE DR CONDITION GIVEN IN PART	1 (a).	
UID BE FOUND	110	190, DATE OF OPERATION	TIPL CONDITIO	N FOR WHICH OPERATION	WAS DEBENDMENT	111	20. AUTOPSY?
₹ Color	CERTIFICATION	12-29-8		Treles	ed Less	+ Lleb	YES NO.
CERTIFICATE SH TING THE WOR TED TO THE CO 3 SHOULD BE DEPARTMENT C PRICE TO BURK	CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY MONTH DAY YEAR	HOW INJURY OF WHEED	ENTERMANDE OF INJURY IN ITEM 18 P.	
SION OF THE AT G THE A OF TO THE PARTMEN	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE C	FDEATH P.M.	2 271984	Tell "	n acon	Hone
	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	III. PLACE OF		LOCATION	CITY OR JOWN	PHYNTY 2 12 STATE
TAN AND THE		AT WORK AT WORK	A	one	1705 3 FI	JE DAII.	1711. 21234
CATE FOR FOR		22a. I certify that I taak cho		bed obove, held an	9		d in my apinian
NE BULL		death resulted fram: No	tural couses A	SUCION I	Hamicide/	Undetermined manner,	/ /-
CAL EXA THE CER SHOULD 8AL DIR RE MARY		ACTUAL SIGNATURE	MR-10	Lound	(M.D. V) efeel	MEDICAL EXAMINER	DATE SIGNED 4/29/87
5 4 4 4 4 5		EXAMINER'S NAME ()	notes F	O'TONIALEI	1 ADDRESS 7501	VOON PI	TOWSON MT.
TO MEE EXECUT PAGE A AFFER D BALTWO	23a. B	(TYPE OR PRINT)URIAL, CREMATION, REMOVAL	123b. DATE	23¢ NAME OF CEMETER	ADDRESS	10 RK K //	3/264
BP	(1	Burial	4-18-1985	Parkwood Ce		Parkville, Ba	alto.,Md.
DHMH - 17		UNERAL DIRECTOR		The second section and	25e. DATE RE		STRAR'S SIGNATURE
(VR A15 ME (5)) 30M 7/73	E	Evans Chapel of	Memories H	arford road,	Md. MAY	0 6 1985	avidson-Randell

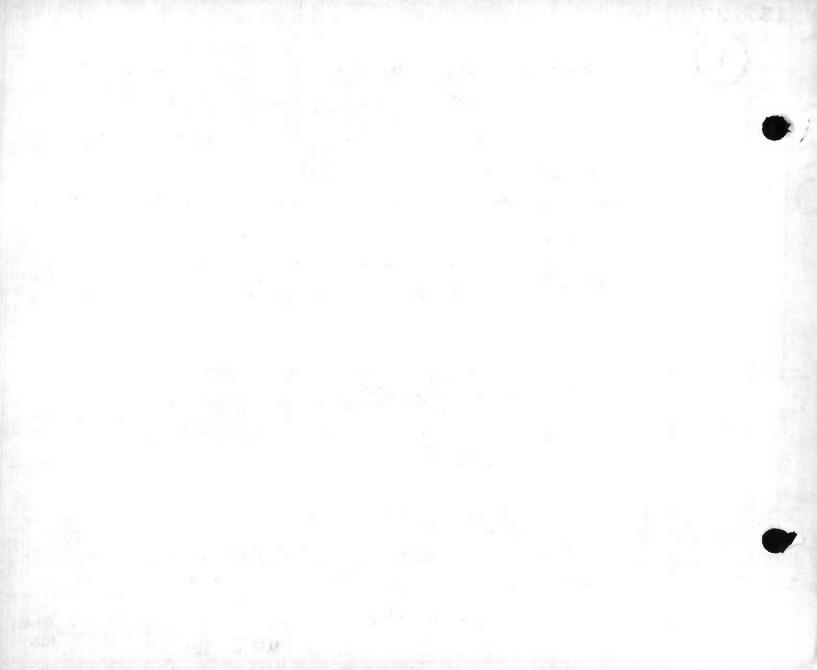


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 06037 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 25 HOUR (TYPE OR PRINT) AWRENCE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) -18.21 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 175 KIND OF BUSINESS OR 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME ARMED FORCES? SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) IL CAUSE OF DEATH Enter only one couse per PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION ONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ DENT WAS UNDERLYING 21c HOW INJURY OF (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220 I certify that (this hospital) attended the de and that in (our) opinion death occurred on the date and hour and from the causes stated ATTENDING PHYSICIAN DIRECTOR PHYSICIAN ORK 230. BURIAL CREMATION, REMOVAL 23b. DATE REGISTRAR 256. REGISTRAR'S SIGNATURE ROAD DHMH - 16 60M 7/B4 (VRA 15, 4)

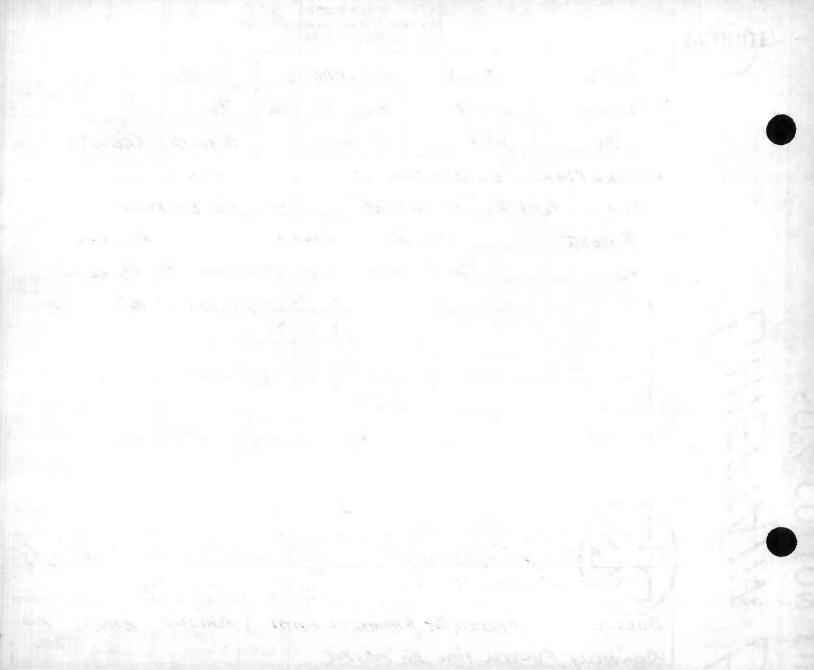
STATE OF MARYLAND



127123		FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT AT HY	STENE 1 0	2 6 8
1		REGISTRAR		CERTIFICATE OF DEATH	REG NO	
(0)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 0	TYP	HORTON	K.	MONEY	4	129/85
5 0 5	-3. SE		RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4 m	3. 50	male	Write	MONTH DAY YEAR 12 1900	01/-	MONTHS DAYS HOURS MIN
Poor Poor			CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COU	NTY OF DEATH
deoth. deoth.	7	OUNTRY P.	U.S.A,	MARRIED NEVER MARRIED WIDOWED DIVORCED	Batto. C	ounty mo
201 Is ofter a charter of the filed will	100	Ralto County	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	NG (H) INDUSTRY
2120 Lin by be fill	USU			RE ADMISSIONI)	0.1/2000	117716
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of ysicion and completely filled in by opers. Pages, Dad 2 should be file wal.  11, the medical examiner mass be not the medical examiner mass because the medi	13a	AL RESIDENCE (IF NURSING HOME PROTISTATE 13b. COUNTY	1to Bal		130 STREET ADDRESS Ta	ylor Are,
rtely 2 st	7 ILE	ATHER'S NAME FIRST MIDE		15. MOTHER'S MAIDEN NA	MIDDLE	0
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d colles	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS	
IMORE,		YES, NO OR UNKNOWN) (IF YES, GIVE WA	220-01-	6634 Fam	ly Record	la
ricate b physicion opopers. moval.		18 CAUSE OF DEATH (Enter only o		nd G	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B		en with asee	lec	one year
ON ST th certification of the		1	DUE TO, OR AS A CONSEQU	IENICE OF		
RESTON deoth ce	1	Canditions, if any, which	(b)	PENCE OF		
the of the of the company of the com		gave rise to immediate cause (a), stating the	· · · /			
W. Not the by the by the second or the		underlying couse last.	DUE TO, OR AS A CONSEOL	IENCE OF		
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RDS, require	Z O	a deno-care		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
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N OF VITA SICIAN: The ng physicia certificate certificate model Hygisi frem 18 sh	A	OR CONTRIBUTING _ CAUSE OF DEATH	HOUR A.M. MONTH	AY YEAR		
ON OF IYSICIA ding ph ding ph s certifi buriol-tr Mentol	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P,M. 21e PLACE OF INJURY	19 21f LOCATION		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death certific or attending physician.  After this certificate has been signed by the attending phase or since burial-transit permit. Then please remove carbonic of the Memol Hygiene prior to burial, cremation, ar remained and Memol Hygiene prior to burial, cremation, ar remained or them 18 shows any injury, or other troumatic events.	MEDICAL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
DO WOE		22a 1 certify that (I) (this hospital)	ottended the decepted from	7 AUG. 1989	- 10 29 Apri	1985 , that (I) (we) last
OR ATTEN The hospital DDIRECTOR DDIRECTOR Dopt. of He		sow the deceased alive on abave, (1) (we) (did) (did not) v	18 April 18	, and that in (my) (our) opinion	deoth occurred on the date and	haur and from the causes stated
DR All hosp IREC thed them them		22b. SIGNATURE	ew-the body after death.	DEGREE		771. DATE SYGNED
4 + 4 + 0		-1111	unese Mr	ATTENDING PHYSICIAN I	MEDICAL STAFF	4/30/85
Se EE P	#	22d. PHYSICIAN'S NAME (TYPE OR PR	NT)	22e ADDRESS	DIRECTOR CONTINUENCE	11/2/14
TO HOSPITAL etoined by the TO FUNERAL should be detined the with the Store with the Store MPORTANE.		MORRIS RI	AINESS, M. S.	1105 0LD E	EASTERN AVE	. 21221
75 5 7 2 3 ₹ 4	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		1SUR IAL	May 2, 1985	Parkwood Cem	-, Parkville	Balto, MD.
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR	0		TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
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Po de	3. SE		4.	RACE		5. DATE O	BIRTH	(	AGE (IN YEARS LAST	BIRTHDAY)		IF UNDER 24 HRS
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A 41 61 0		RTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.	☐ NEVER MAR		BALTIMORE CITY	OR COUNTY	OF DEATH	
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1 11 10	10. CI	TY OR TOWN OF DEAT	Н 11		HOSPITAL, NURSI		OTHER INSTITU	TION	12a USUAL OCCUPA			BUSINESS OR
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R ATT hospit RECTC hed fo spt. of tem 21		22b. SIGNATUR	a) (did nat)	view the body	after death.	_ [	EGREE	0			22c. DATE 5	ONED /
0 9 0 0 0 E	1	11	/	///	here	/	ATTE	NDING	MEDICAL S'	TAFF SICIAN []	4/	715
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reform should	230 1	SURIAL, CREMATION, I	EMOVAL I	23b. DATE	23,	NAME OF C	METERY OR CREA		Maryland 1230 LOCATION			
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	24 F	UNERAL DIRECTOR		MILI	C11, 1/15]	PITICUET	SOF FA	25a. DATE		AR 255 REGISTE	RAR'S SIGNATAL	IRE
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(VRA 13, 4)		LONNELLY	MYA	CKAL	170116 10	0 17/110	ETIVE	I AT I	/ T 1 1200			



2b. HOUR

REG. NO

	DEPARTMENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH		G. 1
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STATE REGISTRAR

DECEASED NAME

DIRECTOR: After

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL retained by the	TO FUNERAL should be det with the State	IMPORTANT
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USU 13a	AL RESIDENCE (IF NURSIF	IS COUNTY	HER INSTITUTION	13c CITY OR TOW	ADMISSION)	21220	13e.STREET ADDRE	SS / ZIP CODE	Steel Co.		
14 F/	Herbert	Noonyh	die Iam	LAST		15 MOTHER'S MAIDEN NA FIRST Nelli	ME Baker	E			
	VAS DECEASED EVER I YES, NO OR UNKNOWN) NO		AR OR DATES)								
CERTIFICATION	gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	ediote the last	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT		MINAL DISEASE OR C	286. IF YES	S, WERE FINDIN	IGS USED	
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MED	WHILE NOT WHI	LE .	(AT HOME STR	EET, FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	to age	PRIOWN	COUNTY	STATE	
	Male  White  September 28,1917  AAGE INSTANCES ON SENTING ON SENTI	causes stated									
	BURIAL, CREMATION, R (SPECEY) Burial UNEFF LEFECTOR	REMOVAL	DATE 4/24	/85 Be	lair l	emorial Garde	ens Belair	Harfo	The second second	Marylai	

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4517 PARK HEIGHTS AVENUE

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DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

24. FUNERAL DIRECTOR

LEWIS T. GWYNN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF UNDER 24 HRS

STATE

in Davidson-Randall

BALTIMORE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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13110	1.	FOR STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	02/	64
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e be exe an and co Pages 1		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 217-88		VERLY 32	01 FAIIS Rd	
certifica g physici n papers removal		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), on DBY E CAUSE (a) CLCT	asis ConiN	one with	1 BETWEEN	XMATE INTERVAL
requires that the d n signed by the atte nen please remove c to burial, cremation iy rijury, or other tr	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	1(0)
SIAN: The law Clan. Clan. fricate has beer nosit permit. The Hygiene prior in 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ING PHYSICIAN: ending physician. frer this certificat the burial-transit p and Mental Hygi arked or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The same of the sa	YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART † OR PART 2)	
ENDING PH or attending DR: After thi se as the buri lealth and M I is marked o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
ATT ATT Sepital of for upt. of h		sow the deceased alive on	tol) attended the deceased from 19	and that in (my) (our) opinion  DEGREE	death accurred on the d	7 ate and hour and from th	, that (I) (we) lie e couses stated E SIGNED
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TO HOSPIT retained by TO FUNER should be di with the Ste	1 (	BURIAL, CREMATION, REMOVAL	130 DATE 236 P	Jame OF CEMETERY OR CREMATORY		AD 2(13	SPATE
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TO HOSPITAL OR ATTENDING PHYSICIAN, The etained by the haspital or attending physicion.

TO HOSPITAL

BP.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DONALD EVERETT MURPHY  APRIL 5, 1985  SEX  4. RACE  5. DATE OF BIRTH  MATTE  MA
DONALD EVERETT MURPHY  APRIL 5. 1985    A. RACE     3. DATE OF BIRTH DAY TEAR OF HORSES     1. 15 AM OND HE VERY     3. DATE OF BIRTH DAY TEAR OF HORSES     3. DATE OF HORSES   3. DATE OF HORSES     3. DATE OF HORSES     3. DATE OF HORSES   3. DATE OF HORSES     3. DATE OF HORSES     3. DATE OF HORSES   3. DATE OF HORSES     3. DATE OF HORSES     3. DATE OF HORSES   3. DATE OF HO
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TORT HOWARD WAS CALLED TO THE RESIDENCE FOR ADMISSION OF WORK FOR MOST OF
SUAL RESIDENCE IN NURSING HOME OF CITER INSTITUTION OF RESIDENCE REFORE ADMISSION)  18 STATE  MARYLAND RATITIONE  BATUMORE  FATHER'S NAME FIRST  ADDIE  MARYLAND RATITIONE  BATUMORE  134. CITY OR TOWN  136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 1329 MAPLE AVENUE  15. MOTHER'S MAIDEN NAME FIRST  MIDDLE  MIDDLE  MARYLAND RATITIONE  BATUMORE  15. MOTHER'S MAIDEN NAME FIRST  ADDRESS  (19 SS. GIFE WAR OR DATES)  WITH  ADDRESS  (19 SS. GIFE WAR OR DATES)  216 O1 7211. CLINICAL RECORDS, VAMC, FORT HOWARD, MD  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  MYOCARDITAL TUPARCITON  DUE TO, OR AS A CONSEQUENCE OF  (c) APPERTOSCHERIOTIC CARDITOVASCULAR DISEASE  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10  PERNAMENT PACEMAKER, BETWEEN WHICH OPERATION WAS PERFORMED  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY YES NO    118. CACCIDENT WAS UNDERLYING   216. TIME OF INJURY OF INJURY IN ITEM 18 PART OR PART 2)  10. LET CO. CARDITOVAN CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)  10. LET CO. CARDITOVAN CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
MARYLAND BATITMORE  MARYLAND BATITMORE  MARYLAND BATITMORE  MARYLAND BATITMORE  MARYLAND BATITMORE  MODIE  LAST  MICHAEL  JOHN  MURPHY  JENNIE  AUGUSTA  PFEIFFER  (VES. NO OR UNKNOWN)  VES  WITT  216 O1 7211  CLINICAL RECORDS, VAMC, FORT HOWARD, MD  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  MYOCARDIAL, TNFARCTION  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  MYOCARDIAL, TNFARCTION  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10  PERNAMENT PACEMAKER, BETOW KNEE AMPUTATION, DTABETES MELLITUS  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCOUNT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE OR PART 2)
MARYLAND BALTTMORE  BALTMORE  FAST  MODIE  MICHAEL  JOHN  MURPHY  WAS DECEASED EVER IN U.S. ARMED FORCES?  IGHT YES GIVE WAR OR DATES!  VES  MODIE  MICHAEL  JOHN  MURPHY  JENNILE  AUGUSTA  PFEIFFER  AUGUSTA  PFEIFFER  OWAS DECEASED EVER IN U.S. ARMED FORCES?  IGHT YES GIVE WAR OR DATES!  VES  WITT  ADDRESS  TO INFORMANT  ADDRESS  VAMC, FORT HOWARD, MD  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  LAST  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  BRONCHOPNEUMONTA  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERTOSCLEROTIC CARDIOVASCULAR DISEASE  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10  PERNAMENT PACEMAKER BELOW KNEE AMPUTATION, DTABETTES MELLITUS  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCORNT WAS UNDERLYING   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INCH 18 PART I OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITE OF INJURY INCIDENTIFIED OF PART 2)
TATHER'S NAME FIRST  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDL
MTCHAFI. JOHN MURPHY  WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, DOOR UNKNOWN)  WEYER  WIT  216 01 721L CLINICAL RECORDS. VAMC. FORT HOWARD, MD  APPROXIMATE INTERVAL  BETWEEN CONSETT AND DEATH  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  BRONCHOPNETIMONTA  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse lost.  (c) ARTERTOSCLEROTIC CARDIOVASCIILAR DISEASE  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PERNAMENT PACEMAKER BELOW KNEE AMPUPATION DIABETES MELLITUS  196 DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING AM MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) IN ITEM 18 PART I OR PART 2)  216. ACCIDENT WAS UNDERLYING AM MONTH DAY YEAR  10 AUTOPSY?  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) IN ITEM 18 PART I OR PART 2)
WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  VES 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  VES 216 01 7211 CLINICAL RECORDS, VAMC, FORT HOWARD, MD  18 CAUSE OF DEATH (Enter only one couse per line for rol, (b), and roll and
THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  BRONCHOPNETIMONTA  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BETOW KNEE AMPUTATION, DTABETES MELLITUS  190 DATE OF OPERATION  1910. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR AM, MONTH DAY YEAR  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)  101. ACCIDENT WAS UNDERLYING   211. TIME OF INJURY  102. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  BRONCHOPNEUMONTA  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse tol, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERTOSCLEROTTC CARDTOVASCULAR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PERNAMENT PACEMAKER BELOW KNEE AMPUTATION, DIABETES MELLITUS  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a, ACCIDENT WAS UNDERLYING   21b, TIME OF INJURY HOUR AM, MONTH, DAY YEAR  21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
PART 1. DEATH WAS CAUSE (a)  RRONCHOPNEUMONTA  DUE TO, OR AS A CONSEQUENCE OF  (b) MYOCARDIAL TNFARCTION  gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERIOSCLEROTIC CARDIOVASCIII.AR DISEASE  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BELOW KNEE AMPUPATION DIABETES MELLITUS  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  HOUR AM. MONTH DAY YEAR
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) MYOCARDTAT, TNFARCTTON  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERTOSCILEROTTC CARDTOVASCIII.AR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BETOW KNEE AMPUPATTON, DTABETES MELLITUS  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY2  1710, ACCIDENT WAS UNDERLYING   211b. TIME OF INJURY HOUR AM, MONTH, DAY, YEAR  211c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  HOUR AM, MONTH, DAY, YEAR
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERTOSCLEROTTC CARDTOVASCIII.AR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BETOW KNEE AMPUTATION, DTABETES MELLITUS  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY2  YES NOT YES NOT THE NATURE OF INJURY HOLD AMM, MONTH, DAY YEAR  21c. ACCIDENT WAS UNDERLYING HOUR AMM, MONTH, DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2)
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c) ARTERTOSCLEROTTC CARDTOVASCIII.AR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BETOW KNEE AMPUTATION, DTABETES MELLITUS  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY2  YES NOT YES NOT THE NATURE OF INJURY HOLD AMM, MONTH, DAY YEAR  21c. ACCIDENT WAS UNDERLYING HOUR AMM, MONTH, DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2)
Gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c) ARTERTOSCIEROTTC CARDTOVASCIITAR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BETOW KNEE AMPUPATION DIABETES MELLITUS  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY 2 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW YES NO HOUR AM. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING 1 210. TIME OF INJURY HOUR AM. MONTH DAY YEAR
Underlying couse lost.  (c) ARTERTOSCLEROTTC CARDTOVASCIITAR DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PERNAMENT PACEMAKER BELOW KNEE AMPUPATION DIABETES MELLITUS  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY2 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW YES NO HOUSE AMPLIANCE OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  PERNAMENT PACEMAKER BETOW KNEE AMPUTATION, DTABETES MELLITUS  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)  107 ACCIDENT WAS UNDERLYING TO THE PART OF PART 2)
PERNAMENT PACEMAKER BETOW KNEE AMPUTATION DIABETES MELLITUS  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW  210, ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY  121c, ACCIDENT WAS UNDERLYING 1 PART OR PART 2)  121c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
LOS CONTRIBUTORO CONTRIBUTORO LA HOUR A.M. MONTH DAY YEAR I
LOS CONTRIBUTORO CONTRIBUTORO LA HOUR A.M. MONTH DAY YEAR I
LOS CONTRIBUTORO CONTRIBUTORO LA HOUR A.M. MONTH DAY YEAR I
LOS CONTRIBUTORO CONTRIBUTORO LA HOUR A.M. MONTH DAY YEAR I
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STREET
White NOI Walt
TIME 22 St. ADDIT E SE
sow the deceased alive on APRIL 5 19 5 , and that in (my) (our) apinion death occurred on the date and hou and from the causes stated
above, (1) (we) (did) (did not) view the body alter death.
226. SIGNATURE DEGREE 220. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/5/85
22d. PHYSICIAN'S NAME (TYPE ORPRINT) / 22e ADDRESS
WEN_SHYANG WU. M.D. VA MEDICALGENTER, FORT HOWARD, MD 21052
18. BURIAL, CREMATION, REMOVAL 1236. DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION (SPECIET) 1. OUDON PARK CEMETERY BALTIMORE CITY MARYLAND STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Deat of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

1328 SULPHUR SPRING ROAD AMBROSE FUNERAL HOME

APR B

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be 5	er this certificate has been signed by the attending physicion and completely filled in by the funeral discipling is the busial-transit permit. Then please remove corbon papers. Pages it and 26hoyds be lited within 72 four rather and Mental Hygiene prior to busial, cremotion, ar removal.  Ked or Item 18 shows any injury, as other troumatic event, the hedical mannes on the contraction.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE

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	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL MYGIENE CERTIFICATE OF DEATH  REG. NO.									
		ASED NAME FIRST	MIDDLE LAST			26. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
1	I TYPE O	MARGA	RET		M	JRRAY			4 5	5 85	M	
3.	SEX		4 RACE		5 DATE O	FBIRTH		6 AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	]	Female	Whit	е	5 DATE O	1 DAY	1899	85	YRS.	MONTHS DAYS	HOURS MIN.	
do	B(R1	THPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8. MARRIEI	□ NEVER	MARRIED [	9 BALTIMORE CITY OR COUNTY OF DEATH				
4	Ma	ryland	U.S.		WIDOWE	Dig Di	VORCED [	Baltimore County			MD	
1	_	or Town OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Martin's Home		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary 126 KIND OF BUSINESS OR INDUSTRY							
1	3a ST	RESIDENCE (IF NURSING HOME OF ATE 184 COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	/N	13d. INSIDE C	NO [	13e STREET ADDRESS 2918 Hil	/ ZIP COD	E Ave.	21234	
FATHER'S NAME-			MIDDLE	LAST			S MAIDEN NA		_	IAS	LAST	
Patrick MODIE			Hanna	n	(	Catheri	ne		O'B	oy1e		
160 WAS DECEASED EVER IN			RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	INT	ADD	RESS			
Ĺ	(12)	NO (17123, 0	VE WAR OR DATES!	213-20-	1321	Sister	r Paul	601 Maide	n Choi	ice Lane	21228	
Due to, or as a consequence of							BETWEEN	MATE INTERVAL INSET AND DEATH				
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUI		NOT RELATED	TO THE TERM	AINAL DISEASE OR CO	NDITION G	IVEN IN PART 1/a		
		THE CHIEROSCHI ICAN	eo(10)//10/10 <u>e</u>	514711100 (1140 70 1	DEATH OUT	-	TO THE TERM	WAL DISEASE ON CO	14011101401	IVER INT AKT TO		
	CERTIFICATION	90 DATE OF OPERATION	19% COND	ITION FOR WHICH	OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	IGS USED OF DEATH? NO	
	<u>8</u>	TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH D.	AY YEAR	5		RED (ENTER NATURE OF IN	JURY IN ITEM T8	PART I OR PART ?)		
	_	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC )	21f LOCATK		CITY OR	IOWN	COUNTY	STATE	
	L	20.1 certify that (1) (this hasp saw the deceased olive o above, (1) ve) (did) (did n					(our) opinian	death accurred on the	date and ho	our and fram the		
	276. SIGNATURE DEGREE ATTENDING PHYSICIAN				MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	DATE/	IGNED 8				
	N. Ravendhran MD.					St. A		edical Cen	ter			
2	3e BU	RIAL, CREMATION, REMOVA Burial	23b. DATE 4/9/8			thedra		23d LOCATION CITY OR TOWN Baltimo	re	соинту Ма	ryland	
		veral director bard Funeral B	lome, In	c. 4107 W	2 ilken	1229 s Avent		TE REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGNATI		

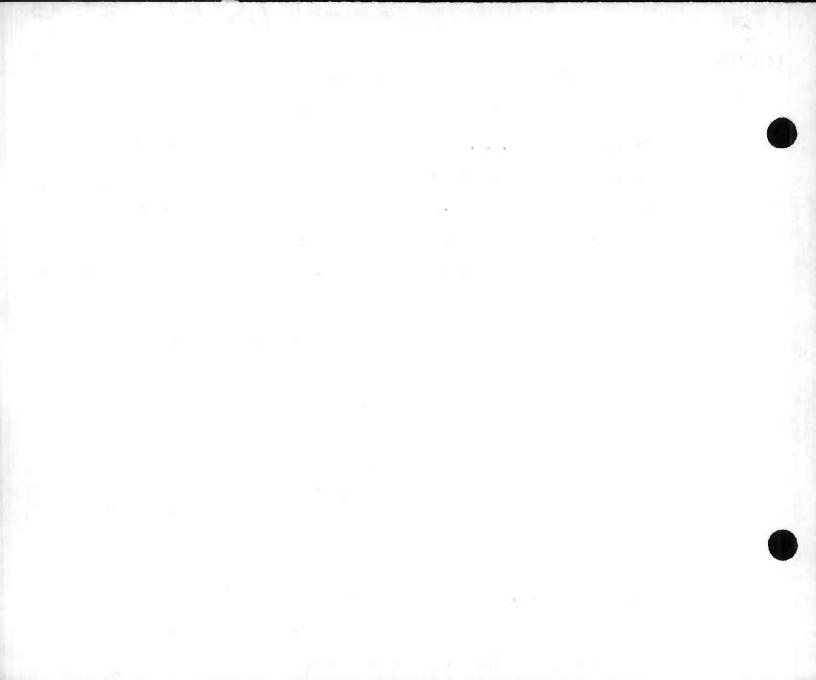
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched for use os with the State Dept, of Health

OR ATTENDING

TO HOSPITAL

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR	CERT	IIICATE OF DEATH	REG. NO	).	
I. DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
JAMES	MILLARD NE	ISSER	04 26 8	5	1131A
. SEX		E OF BIRTH	6 AGE IN YEARS LAST BIRT		
MALE	WHITE 10		76	YRS DAYS	HOURS MI
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OF		
MARYLAND	USA			COUNTY	,
TOWSON	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCHEACHITY, GIVE STREET ADDRESS)	OSPITAL	SUPERVESO DINING CA	PRKING LIFE) INDUSTRY	LROAD
30. STATE MD BA	OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INTY 13c. CITY OR TOWN BALTO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 316 MURE	ZIP CODE OCK RD	2121
MILLARD FILE	LMORE NEISSER	VIOLET G	ERTRUDE ST	UART	ST
WAS DECEASED EVER IN U.S. A		). 17 INFORMANT	ADDRE	55	71.
OR UNKNOWN) (IF YES, G	705-09-636	9 RUTH E. N	EISSER	SAME	
PART 2 OTHER SIGNIFICANT  11% DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING.	CONDITIONS CONTRIBUTING TO DEATH BY		70e AUTOPSYT	20h IF YES, WERE FIND IN CERTIFYING CAUSE	NGS USED S OF DEATH?
216. ACCIDENT WAS UNDERLYING.	216. TIME OF INJURY	71. HOW INJURY OCCUR	RED (ENDER NATURE OF NATUR	YES DEANLY DEANLY	NO []
OR CONTRIBUTING CALLET					
THE INJURY OCCURRED  APPLICATION OF THE CONTROL OF	21s. PLACE OF INJURY (AT HOME STREET FACSORS DIFFICE FARM \$10.)	THE LOCATION	city Off TOV	N COUNTY	HAIL
	man attended the decrased from	1/13/73	4/26	85 10	that its resident
saw the deceased alive a	4/5/85	and that in   and lour   opinion	death occurred on the da	te and hour and from the	
phone; (f) (we) (did) (did n	of very the body after death	DEGREE		The DATE	ESIGNED
A Home of	Warsley	ATTENDING	MEDICAL STAP	4/2	7/55
22dAPHYSICIAN'S NAME (TITE		22e ADDRESS	PARTICION ED ANISACI	11/0	1100
THOMAS L.	WORSLEY M.D.	6505 YORK	RD. BALTO	)., MD. 21	212
3a BURIAŁ, CREMATION, REMOVA	L 236 DATE 236 NAME OF	F CEMETERY OR CREMATORY	123d LOCATION		
BURIAL		y Valley Mem		n, Baito.	Co. STATE
4 FUNERAL DIRECTOR	6500		TE REC'D. BY REGISTRAR		-
MITCHELL-WIED	EFELD HOME. INC.	IURN RD.	R 3 0 1085	La Navidron	Brada DO
	,,,		AT 100 I I INCOME.	me man hande for the first	7 1 1 1 V TO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR A should be detected for use with the State Dept. of Heas MAPORTANT, If New 21 is in The second of th TENTE SWE COM CLE -- O -- SHOWN

- STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE P.O.Box 3235 Catonsville Md 21228 Holland 21222 -62-200 Edward C. Neale 8232 Northview Rd. Balto., Md 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated Grove teospital center

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Duda-Ruck Funeral Home inc. 7922 Wise Ave. Baltimore, Maryland 21222

(VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEA	IH		REG. NO	5.				
		CEASED NAME	FIRST		MIDDLE	1	LAST		20 DATE OF		MONTH	DAY Y	FEAR	2b HOUR	_
	TYPE	OR PRINT)	earl	Eli	zabeth	Ne	wman		Apı	ril '	4,	1985		12:30	PIV
	3 SEX			4 RACE		5. DATE C			6 AGE IN YE		(HDAY)	IF UNDER	1 YEAR	IF UNDER 24 HR	_
	1.7	Female		Cauc	asian	Nov	. 6, 19	12		72	YR	MONTHS	DAYS	HOURS MIN	
-		IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	DIED [	9 BALTIMOI	RE CITY O		NTY OF DEA	TH		
1		ennsylva	nia	US	SA	WIDOWE			Bal-	timo	re	Count	y	٨	AD.
1		ITY OR TOWN OF DE			HOSPITAL, NURSIN	IG HOME C		TION	120 USUAL C	CCUPATI	ON	12b K	IND OF	BUSINESS C	R
/	La	ansdowne		460	Lambert	Cou	rt 212	27	Hou	sewi	fe	NG LIFE) INDU	Tome	9	
	USU/	AL RESIDENCE (IF NU	RSING HOME OF		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY	LIANITE 2	13e.SJREET A	DDDESS	71D C	ODE			_
2		aryland		imore	Lansdo			O X	460	Lam	ber	t Cou	ırt	2122	27
~		ATHER'S NAME		MIDDLE	1467		15 MOTHER'S MA		ME						_
1		Roger		L.	Graft	Sr.	De	na	Pa	auli	ne	C	arı	r	
		VAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT			ADDRE	558	Holme	s	Avenu	9
	()	NO NO OR UNKNOWN)	N/A	E WAR OR DATES)	218-28-	2947	Roger	L. G	raft			lto.,			
		18 CAUSE OF DEA	TH (Enter or	ly one couse per				)	/	- 1		BET	I WEEN O	MATE INTERVAL	=
		PART I. DEATH		D 8Y.	ETASTATI	16 c	MANN C	Ehh	CAO	FL	UN	16		1	
		A	111111111111111111111111111111111111111		R AS A CONSEQUE										
		Conditions, if an	y, which	(b)_	R AS A CONSECUT	EIACE OF						77			
		gove rise to in	mmediate	)	R AS A CONSEQUE	ENICE OF									
		underlying cau		(6)	R AS A CONSECUT	ENCEOF									
		PART 2 OTHER SIG	GNIFICANT (	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE	OR CON	NOITIC	GIVEN IN PA	ARI Iro		=
	CERTIFICATION														
1	PA I	198 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20s AUTO	PSY?		F YES, WERE F			
	E								YES 🗌	NO	IIVCL	YES	10363	NO [	
2	E. C.	210. ACCIDENT WAS U			FINJURY M. MONTH D	AY YEAR	21c HOW INJUR	Y OCCURR	ED (ENTERNAT	URE OF INJUR	EY IN ITEM	A 18 PART I OR PA	ART 2)		_
7	1 ×	OR CONTRIBUTING		CITY CONTRACTOR	M. MONTH D	AT TEAR									
	MEDICAL	21d. IN JUST OCCU	RRED	21e PLACE			21f LOCATION			CITY OR TO	wN	COUN	NIY	STATE	
	E	AT TOR I MOT	erns []	(ATHOME ST	REET, FACTORY, OFFICE, F	ARM ETC )	SIRECT		Λ	CIII OK 10	1	~ .		31816	
		77 1 certify that		this Opender to	e decembed from _	PAT	10	19 83	, to	PRIL	†	1985	, t	hor (Trywe) lo	ist
		pow the tieres	ned fried be	view the body	futtor distrib	01	nd that y (my) (ou	r) opinion d	death occurred	d on the do	ite and	hour and fro	m the c	ouses stoted	
	3	Vin DGP/WTURE	7	-	VA	11/	DEGREE					22c.	DATES	SIGNED	
,	- 1	V M	na	1	JAK!	Ma		NDING SICIAN X	MEDICAL DIRECTOR [	STAF PHYSIC		1 4	1/4,	/85	
	1	220 PHYSICIAN'S	NAME TYPE	a Mari	1///		22e ADDRESS	4,3						I FLORING	
		DIAMA	+ H.	(SRIA	FITTE		900 S.	Cato	on Av	e.	Bal	to.,	Md	. 212:	29
	23a 8	RIPIAL CREMATION	, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CRE		23d LOCA						=
	-{	Burial		4/8/8	35 Cr	est	Lawn Me	m. G	rin.	DR TOWN	io+	COUNTY		STATE I	VId.
	24. FU	UNERAL DIRECTOR		, , , ,	1			25a. DATE	E REC'D. BY RE	GISTRAR	25b. RE(	GISTRAR'S SI	GNATU	JRE	HU (

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR:

MacNabb Funeral Home Catonsville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

- STATE REGISTRAR 7h HOUR L DECEASED NAME (TYPE OR PRINT) Mae 4 RACE 5 DATE OF BIRTH MONTH YEAR White 19 1900 Female Dec. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED U.S.A. WIDO WED DO DIVORCED CITY OR TOWN OF DEAL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE Housewife USUAL RESIDENCE (IF NURSING 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3504 Chesley Ave. 21234 Baltimore MD. Baltimore 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Margaret Bistline A. Cover 539 Aspers-Bendersville Road, Aspers, Pa. 17304 17 INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO TYES. NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 172-32-2027 John A. Nimmon 18 CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

716 TIME OF INJURY OR CONTRIBUTING T CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR 71e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

71f LOCATION

ATTENDING

CITY OR TOWN

STAFF

and that in my (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

STATE

77h SHSNIATURE

( IF EITHER NOTIFY MEDICAL EXAMINER)

71d INJURY OCCURRED

274 PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

WHILE NOT WHILE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL

IRECTOR PHYSICIAN

22c DATE SIGNED

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

(SPECIFY)

23b. DATE

17x1 certify that (1) (this haspital) attended the deceased from

136 E. BALTO. ST. TANEYTOWN, MD 21787

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

A THE THE STATE OF the s 

60	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 2 1 0 a	282
		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	YEAR 26 HOUR
		Eleano	r Marie	Nolan	April 28, 1985	
3	SEX	4	RACE	S. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 H
	15	MALS	WHITE	DSC 22 1901	83 YRS	DATS HOURS M
70		THPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
21	J.	ARYLAND	U.S.A	WIDOWED DIVORCED	Baltimore Coun	tv
10	CI	Y OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
F	30	SEDALE	FRANKLING SELL	ARY HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
10	SUA 3a. S	L RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13. CITY OR TOW  CONTROL OF TOWN  TORS  TO		13. STREET ADDRESS / ZIP CODE	H-11 212
17/14	FA	THER'S NAME		15 MOTHER'S MAIDEN N.	12000 011	MILL HV
	1	HARLSS A	IDDLE SUMINA	LT FRANCE	WIDDLE	LAST
16		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU		ADDRESS	J 2001121
	(1	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 212098	7900 FAMILY	1 RECORDS	
-	T	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and		1 12 0103	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		PART I. DEATH WAS CAUSED	BY. Intracus			BETWEEN ONSET AND DEA
4		IMMEDIATE				
	П	Conditions, if ony, which	•			
		gove rise to immediate couse (a), stating the	(b) Hyperter			
		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N (N PART Lia
3	z 5			s, Renal Cell Can		
77	4	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
<b>/</b>	Ĭ				YES NO YES	ING CAUSES OF DEATH?
77 8	CEKTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21 €. HOW INJURY OCCUI		RT I OR PART 2)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
1 2	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
1	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
		22a.1 certify that (this hospita	April 128 ceosed from 8	April 28 19 8		9_85, that N (we)
		sow the deceased alive on above, () (we) (did) (did	view the hody ofter depth	5 , and that in ( our) opinion	death occurred on the date and hour	and from the causes states
		22b. SIGNATURE		DEGREE		220 DATE SIGNED /
		Mone	20 Vergenil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/28/8
1		22d. PHYSICIAN'S NAME (TYPE OR	the state of the s	22e ADDRESS	P awrelow P throidway	1 7 -0 7 80
1		Thomas	Lampone, M.D.	9000 Fra	nklin Square Drive	, 21237
100					The oquare brive	9 61601

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

SPECIFY)

24 FUNERAL DIRECTOR

NAME 11, 1985 NEW CAT DEMORIES B800 DEMORIES HARFORD

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

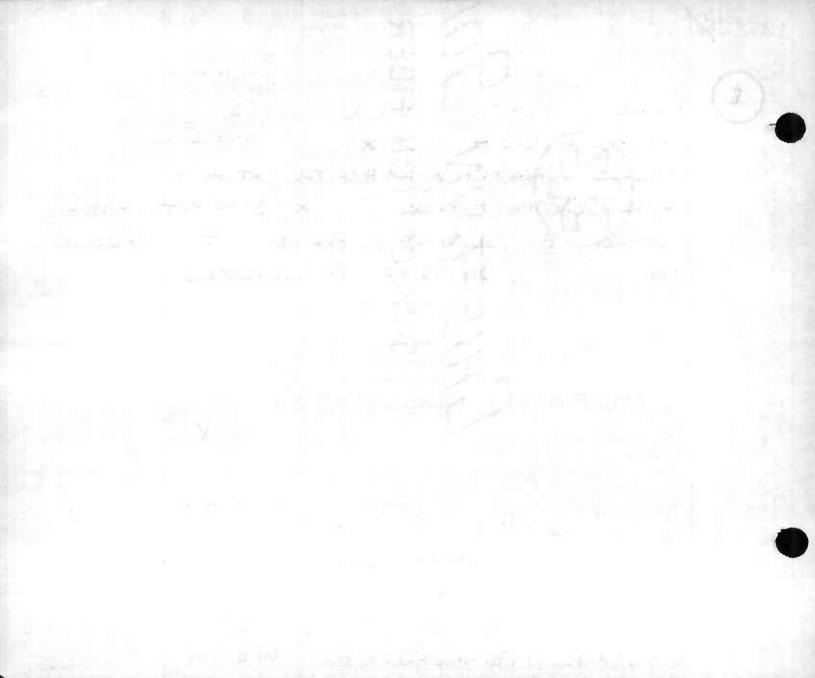
BALTIMORE

COTHEORAL BALTINGRE

COTHEORAL BALTINGRE

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

MAY 2 1985



	20*	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYD	REG. N	0 2 8	3	
107	090		CEASED NAME OR PRINT)	WILLIAM	T. NO	TTINGH	10.	20. DATE OF DEATH	4 11 185	26 HOUR 11:20	
ge 4 may	Du	3. SE.	MALE	4 RACE CAU		5. DATE O		6 AGE (IN YEARS LAST BIR	YRS DAY		
death. For	90	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)			USA WIDOWE			DALITHORE COUNTY			
or offer of	66		TOWSON	GBMC	11. NAME OF HOSPITAL, NURSING HOME OF GBMC 1567011, N. CHARLES			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Facilities Mgr. Elect			
in 24 hau	35	13a. S	AL RESIDENCE (IF NURS) ITATE  AD ITHER'S NAME	Balto.	JNTY 13c CITY OR TOWN		134 INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS	21204		
uted with	030		williar Williar	middle  Not  N U.S. ARMED FORCE	tingham  S?   166 SOCIAL SEC	LIBITY NO	Ethel	J. ADDRE	(Unknow	wn)	
be exec	n Poges	0	YES NO OR UNKNOWN)	(IF YES GIVE WAR OR DATE NAVY	226 22	0081	Peggy C. I	*	, San		
es that the death certification of the attending ph	please remaye Carbon poper urial, cremotian, or removal. , or ather troumotic event, th		Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which (b) DUE TO	O PENAT NE FA	TISURE JENCE OF JEMIA	ORY ARREST	IINAL DISFASE OR CON		OXIMATE INTERVALEN ONSET AND DEAL	
requir	or to b	VION	19a DATE OF OPERAT	METAST	ATIC SQUAM	IOUS CE	ELL CARCINOMA	20a AUTOPSY?	20b. IF YES, WERE FINI		
The law	Show at	CERTIFICATION	2 ja. ACCIDENT WAS UND		AE OF INJURY	TOPERATION	21c. HOW INJURY OCCUR	YES NOX	IN CERTIFYING CAUS	NO [	
HYSICIAN: nding phys	A Mental Hy	MEDICAL C	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 216 INJURY OCCURR	AUSE OF DEATH ALEXAMINER)  ED 21e PLA	A.M. MONTH D P.M.  CE OF INJURY E STREET FACTORY, OFFICE	19	211 LOCATION	CITY OF TO		STATE	
RECTOR: After t	thed for use as the	W	220 I certify that II	U. I. I. II	the deceosed from	4/08 35		4/11	. 19	_, that (I) leaved the couses stated	
O HOSPITAL OI	should be defach with the State De IMPORTANT: If It		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	oury J	n	ATTENDING PHYSICIAN [	MEDICAL STAI	IAN G 4	1/85	
F 2	5 > =	230 E	SURIAL, CREMATION, I	REMOVAL 236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	236 LOCATION			

STATE OF MADVIAND

Loudon Park

21212

12h, KIND OF BUSINESS OR Electronics

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MD<sup>STATE</sup>

Balto.,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

11:20p

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

4905 York Road Balto., MD

24 FUNERAL DIRECTOR Henry W. Jenkinson & Sons .

4/15/85

17 act. 16 186 r :-; = 1.7E 1.7 = . Electricis von Electronis ND Elta. Towson x 816 Hampton Lane, 615ca Milliam Nottingham Ethal J. (Unknown) You have seed Form C. Nottingham, il (11) eno eno lineu. Vare

ASE York For Selto. NE 31212

15	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO	284	1000
120912		CEASED NAME FIRST OR PRINT;	WIDDLE	) '	AST		MONTH DAY YEAR	2b. HOUR
oo	1	20015	E	ODO	NNELL	9-17-	55	10:04 AM
A mo	3. SE)	(	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER I YEAR MONTHS DAY:	
recto urs o		MALE	WHITE	3	20 1914	_ ')[	YRS.	
deoth. Po		COUNTRY)  COUNTRY)  COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWE	DE NEVER MARRIED DE DIVORCED		COUNTY OF DEATH	OUNTY MD.
offer o		OW SON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S ST - TOSE	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF SALSONA	ON F WORKING LIFE) INDUSTR	
n 24 hours	130.5	ARYLAND BAL	OTHER INSTITUTION GIVE RESIDENCE I	EFORE ADMISSION)	134 INSIDE CITY LIMITS? YES NO			21234
executed withing the second withing the second seco			MIDDLE CONCESS IN FOCUME	SECURITY NO.	15 MOTHER'S MAIDEN NAM	AE MIDDLE ADDRE	5	AST HM
be exec	2		E WAR OR DATEST	4337	FAMILY	RECORDS		
ST., BAL		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line for (o), (b D BY: TE CAUSE (a)	Aligna	NOT BrAIN	- fum	OR- BETWEE	DXMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician.  When this certificate has been signed by the attending physician and contently filled in the ost the buriol-transit permit. Then please remove carbonappers froger 1 week individual to an Amenial Hygiene prior to buriol, cremation, or amount of the medical examiner may be orked or them 18 shows ony injury, or other transmote exempt, the medical examiner may be a content of the content of t		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)					
requires that the signed by the Then please in tro bunal, creating injury, or ather	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PART	lio
he low re on. hos been t permit. Ows ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO	n was performed	200 AUTOPSY?  YES NO	20h. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
HYSICIAN: The low rading physician. This certificate has been build-transit permit. Memal Hygiene prior them 18 shows any or them 18 shows ony		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	
VISION  VG PHYS  ottendin  ter this is the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
00 0 E		22a 1 certify that (I) (this hospi sow the deceased alive on above (IP) (the part (III)) (the part	tol) ottended the deceased from 16 to 16 t	Divid	nd that in (m) (our) opinion of	, to	te and hour and from th	that (1) we) lost ne couses stoted
AL OR ATTEN v the hospital AL DIRECTOR. detached for us of Dept. of He II: If Hem 21 is		22b. SIGNATURE	vasus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	TE SIGNED
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		22d PHYSICIAN'S NAME (14PEC)	HS MD		22e ADDRESS			
BP	230. E	URIAL, CREMATION, REMOVAL	236. DATE 4 22 1985	PARKU	EMETERY OR CREMATORY	PARKVILL	BALTO.	MARYLADO
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR	1 DEMS CADDR	88°	OP ROAD 250 DATE	REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGN	ATURE



	FOR
-	STATE
_	SIMIL

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTATHYGIENE CERTIFICATE OF DEATH

	0	1	13	An
6	42	0.10		- 17

П	REC	GISTRAR			CEKITI	ICATE OF DEATH	REG. N	10.		
t	1 DECEAS		IRST.	MIOOLE		LAST	20 DATE OF DEATH		YEAR	26 HOUR
	(TYPE OR PR	(N-T)	WILLIAM	G. PA	ACKARI	D	April	12, 198	5	3:35 p <sub>M</sub>
ľ	3 SEX		4 RACE		5 DATE	DI DIKITI	6. AGE (IN YEARS LAST BI	RTHOAY) IF	UNDER I YEAR	
1		Male	Wha	ite	MONTH	2 14 1903	81	YRS	NIHS DAVS	HOURS MIN.
1		LACE (STATE OF FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8.	D & NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
4	COUNT	laryland	U.	S.A.	WIDOWE		Balti	more Co	unty	MD.
2		R TOWN OF DEATH	/ IE NOT IN SIV	HEACHITY CIVE STREET	ADDRESSI	dical Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Own er		INDUSTRY	of Business or
	130 STATE	ryland	HOME OR OTHER INSTITUTION COUNTY  Balto.	GIVE RESIDENCE BEFORE 134. CITY OR TOW  Lutherv	N	YES NO X	13e STREET ADDRESS 1708 Kurt		210	93
1	14 FATHER	Thomas	WIDOFE	Packar	d	15 MOTHER'S MAIDEN NAM Harriet	MIDDLE		Gard	ner
1			U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
		es	W.W.11	218-18-	2973	Mrs. Anne B.	Pachard	Same a		
	Coo	nditions, if ony, was to immediate to immediate to immediate to storing	MEDIATE CAUSE (o)  DUE TO, C hich	Acut R AS A CONSEQUE Wide	e bro ence of sprea	nchopneumonia d metastatic c carcinoma	arcinoma	3		XIMATE INTERVAL ONSET AND DEATH
	ON CONTRACT	Myelofi  Date of Operatio	brosis			NOT RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF YES, V	WERE FINDI	INGS USED
4	E E						YES NO	YES		S OF DEATH?
7	VEDICAL CALC	ACCIDENT WAS UNDERL CONTRIBUTING CAU FEITHER NOTIFY MEDICAL INJURY OCCURRED	SE OF DEATH HOUR A EXAMINER) P  21e PLACE (AT HOME ST	OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE F	19	211 LOCATION STREET	ED (ENTER NATURE OF INJI CITY OR TI	-33	COUNTY	STATE
	AT W	I certify that (I) (the sow the deceased	is hospital) attended	4-6-6	85	3/25/ , 19 85		, 19	85	, that (II (we) lost
	22b.	obove, (I) (we) (did) SIGNATURE  HYSICIAN'S NAM	Lawy	ne, m	٥.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  6701 N. Char	MEDICAL STA	AFF CIAN T	Apri	E SIGNED 11 13, 19 21204
	230 BURIA	al, CREMATION, REA	MOVAL 236. DATE 4-15			view Cemetery	23d LOCATION CITY OF TOWN Balto.	Ва	11Book	Md.
	24 FUNER	RAL DIRECTOR				21204 250 DATE	SEC DOS GISTRAI	256 REGISTRA	R'S SIGNA	TURE
	Ruc	k Towson	Funeral Hor	ne, Inc.	1050	York RdAPR 1	0 1900			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

01	FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND  EALTH AND MENTAL HYG  ICATE OF DEATH	REG. NO	0 2	8 6		
I. DE	ECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
	Lillia	444	Par			4 21	85 #3:15		
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	ER LYEAR IF UNDER 24 HRS		
	Female	White		. 3,1889	95	YRS.			
100	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED XX	9. BALTIMORE CITY O	pp.			
>	Maryland Maryland	USA	WIDOWE			ore Count	7711		
6	Towson	III. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  GBMC 6701 N. Char  ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO  NTY III. CITY OR TOWN Baltimore  MIDDLE  EAST			(TYPE OF WORK FOR MOST O Reception:	F WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY Hospital		
M	aryland Bal			13d. INSIDE CITY LIMITS? YES NO 🛣			Rd. 21212		
30	athers Name William Je			15. MOTHER'S MAIDEN NAME FIRST Margaret Emma Markland			LAST		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO.	17. INFORMANT	ADDRE	SS			
160	No	219-30-	-6387	Susanna Halla	am 1604 Yak	ona Rd.	21 204		
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) Pneumoni  DUE TO, OR AS A CONSEQUE  (c)	а						
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  UTI								
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OF	R PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC }	211. LOCATION STREET	CITY OR 10	WN CC	DUNTY STATE		
	saw the deceased alive a	itol) oftended the deceosed from 4/21 19 19 19 19 19 19 19 19 19 19 19 19 19		4/13, 19.85 nd that in (my) (our) opinion o		ate and haur and t	http://doi.org/10.1009		
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC		4/21/85		
	David G.	Roberts, M.D.		GBMC					

231. NAME OF CEMETERY OR CREMATORY

Loudon Park

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

ADDRESSA 6500 York Rd. 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

23b. DATE

4/24/85

230 BURIAL, CREMATION, REMOVAL

Burial

Maryland

Baltimore City,

25a. DATE REC'D.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	18.0	WIDDLE	- (	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
-		OK FRINT!	Josep	h		PE	LLEGRINI	April 9, 1985			3:25P
1	3. SE	X	4	RACE		5. DATE (		6. AGE (INYEARS LAST BIR	(HDAY) IF UN	HS DATS	IF UNDER 24 HRS
h	Ma			White		11	21 1896	88	YRS		
11	1	RTHPLACE (STATE OR COUNTRY)		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore County			
1	1	SSVIlle		11. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET AI  Franklin Square		ADDRESS)		12g USUAL OCCUPATION OF COMMON	F WORKING LIFE)	NDUSTRY	Services O
35	13a	AL RESIDENCE (IF NUR STATE		THER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 2745 Dungl	ZIP CODE	21222	
3	No.	THER'S NAME FIRST  Known			Pellegrin		15. MOTHER'S MAIDEN NAI	Not Known		LAST	
/mage		VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes		WAR OR DATES)	213-07-0		Rose Pellegr	ini Sam	e as 13		ATE INTERVAL
, or of	HCATION	PART 2 OTHER SIG	nificant co				NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WE	ERE FINDING	OF DEATH?
	THICATIC	19a. DATE OF OPERA	TION	110 00110						1	NO I
on 18 short only industry	AL CERTIF	21a. ACCIDENT WAS UN	DERLYING CAUSE OF DEAT	21b. TIME C	M. MONTH DA		21c. HOW INJURY OCCUR	YES NO X	YES [	]	NO 🗆
h and Mertal Hygrene prior to burked or Nem 18 shorts any injury	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING CAUSE OF DEAT ICAL EXAMINER) RED	21b. TIME C HOUR A P		19	21c. HOW INJURY OCCURE	YES NO X	YES T	]	STATE
	AL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR	DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE RED Withis haspite	21b. TIME C HOUR A P 21e. PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REEL FACTORY, OFFICE F	19 ARM.ETC) Marc 85, ai	211. LOCATION STREET	YES NO ENTER NATURE OF INJU	YES THE TEM 18 PART TO THE TEM 1	ORPART 2)  COUNTY	STATE  nat (we) la  auses stated
	AL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d. IN JURY OCCUR  22a. I certify that f saw the decess above of (we) ( 22b. SIGNATURE	DERLYING CAUSE OF DEAT (CAL EXAMINER)  RED  HILE CAUSE  Othis haspite ed alive andid) (haspite)  ME (TYPPA)	21b. TIME C HOUR A P 21c. PLACE (AT HOME ST April view the bady	.M. MONTH DA .M. OF INJURY REEL FACTORY, OFFICE F	19 ARM.ETC) Marc 85, ai	21f. LOCATION STREET  1 31 . 19.85 ad that in processing (aur) apinian of the content of the	YES NO X  RED (ENTER NATURE OF INJU  CITY OR TO  to April  death accurred an the death accurred and the death accu	YES RY IN ITEM 18 PART 1	ORPART 2)  COUNTY  35 , 11  d from the co	STATE  nat www(we) lo

	FOR	
-	STATE	
	DECKTRAD	

# STATE OF MARYLAND 8 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	ALTH AND	MENTAL HYG		<b>G</b> . NO.	0 7	
100043	1. DE	CEASED NAME	FIRST	MIDDLE	LA	51		20. DATE OF DEA	ATH MONTH	DAY YEAR	26 HOUR
TOOGYO			Anna Maz	tine Pen		à .			11 7 1985		1825PM
1 /1	3. SE		4 RACE		5. DATE O	DAY	YEAR	& AGE (IN YEARS)	AST BIRTHDAY	MUNDER I YEAR	HOURS MIN.
1 (114 )		emale  RTHPLACE (STATE OR FOR	Caucas			h 30 19	01	9 BALTIMORE C	YRS.	V OF DEATH	
1 1 36	M	country)	U.S.A.	U.S.A. WIDOWE			MARRIED	Baltimo	re County		MD.
11166	R	TY OR TOWN OF DEAT andallstown	Baltim	HOSPITAL, NURSING FACILITY, GIVE STREET ONE COUNTY	General			12a USUAL OCC (TYPE OF WORK FOR Home Mak	MOST OF WORKING		OF BUSINESS OR
2 5 7 2	USU/ 13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		136 INSIDE	CITY LIMITS?	13e STREET ADD	RESS / ZIP COD	DE	
2 10	_	aryland	Baltimore	Lochean	n	YES 🗌	NO [X		chearn Dr	ive	21207
1 10/00/	14. E.A	ATHER'S NAME	WIDDLE	LAST		15 MOTHER	S MAIDEN NA		DDLE	ŁA	157
	_	ienry Randolph					a Matilda		ADDRESS		
e executed nond composes (mmedical	- (		U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU			ADonald P	erm			22473
	N	0	Enter only one couse pe	215-09-		Rt.	2 Box 29	9 E	Heaths		Virginia XIMATE INTERVAL LONSET AND DEATH
PHYSICIAN: The low requires that the death certificate be ending physicion. This certificate has been signed by the attending physicion the buriol-transit permit. Then please remove carbon papers. Fad Mental Hygiene prior to buriol, cremation, or removal, dor Hear 18 shows any injury, or other traumatic event, the manual m	AL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER  OR CONTRIBUTING CA	which diote the DUE TO, CO LOST. (c)	OF INJURY	DEATH BUT	Y i U	ORMED ORMED	Hype 200 AUTOPSY	2 TV UPH 2 20b. IF YI IN CERT	ES, WERE FINDI	9 dipmi
TTENDING PHYSICIA Direction of otherading plants of the curtification of the buriolist for use as the buriolist of Health and Mental 21 is marked or free!	MEDICAL	(IF EITHER, NOTIFY MEDICA  21d INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, ST	.M. OF INJURY REET, FACTORY, OFFICE		211 LOCAT STREE	ET		Y OR TOWN	COUNTY	STATE
HOSPITAL OR A joined by the hosp pured by the hosp pulled by deforthed by the Store Dept.		sow the deceased	(did not) view the body	19_	, on	DEGREE	ATTENDING PHYSICIAN	death occurred on  MEDICAL DIRECTOR F	staff	our and from the	that (I) (we) lost e couses stated
5 € 5 € ₹ ₹	23a E	BURIAL, CREMATION, RI	MOVAL 236 DATE	23€	NAME OF C	METERY OF	CREMATORY	23d LOCATIO	N	COUNTY	STATE
BP		durial	04-11-	85	Lorrair	e Park	Cemetery	Woodla	wn e	Baltimore	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME 1728 Liberty R	oring Byers F oed Randallsto	WOOME 33			APR	E RE 8 1985	STRAR 256 REGIS	STRAR'S SIGNA	TURE

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executed within 24 hours ofter

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO	

9 2

REGISTRAR		CERTIFICATE OF DEAT	REG. N	10.	
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	Zb. HOUR
George	D.	PIERCE	April 7,	1985	6:00A <sub>M</sub>
3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST B		
M	M M M		106 78	YRS	DATS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY	OR COUNTY OF DEAT	тн
VA.	UBA	WIDOWED DIVORCE	- 1 24 1 1 1111011	e County	MD.
10 CITY OR TOWN OF DEATH		TURSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPAT		IND OF BUSINESS OR
ROSSVILLE	FRANKLI		(TIPE OF WORK FOR MOST		ARMEL
USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	AITS? I3e STREET ADDRESS		2,220
MP B		E RIVER YES NO	4 7 7 7 7 7 11		PINE RA
14 FATHER'S NAME	MIDDLE A LAS	15 MOTHER'S MAIL	DEN NAME		LAST
ROBERT	PIERCE	rin Si	VNK		(43)
160 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDR	ESS	
UNK	VE WAR ON DATES! 215/	85369 MARGA	PRET STAN	LEY	A BOVE
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for 101, (	b, and ic			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	ED BY. Cardiop	oulmonary arrest,	Myocardial inf	arction	
MMEDIA		SEQUENCE OF			
Conditions, if ony, which	Arteri	osclerotic heart	disease		
gave rise to immediate cause (a), stating the		SECONDAIGE OF			
underlying couse last	Status	post cardiac pac	emaker		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COM	DITION GIVEN IN PA	RT Iro
ŏ Anemia					
Anemia  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING [	19b. CONDITION FOR W	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
III			YES NO	YES [	NO [
210 ACCIDENT WAS UNDERLYING	THOUGH A MA MACAITA	210 HOW INJURY	OCCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 RART I OR RA	R1 2)
OR CONTRIBUTING CAUSE OF DE	.010	19			
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR T	DWN COUN	TY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, C	)FFICE, FARM, ETC )	CITOKT	,,,,,	J. J
22a I certify that X (this hasp	pital) attended the deceased	from April 6, 4 19	85 to April 7	1985	that <b>X</b> ( (we) last
sow the deceased alive of	April 7 of view the body ofter death.	0.17	opinion death occurred on the o	late and hour and from	m the couses stated
7h SIGNATURE	or view the body offer deoffi.	DEGREE		226	DATE SIGNED
Mealer	11 1/2 /	My D ATTEN	DING MEDICAL STA		4/7/85
THE PHYSICIAN'S NAME (THE	Dis FRINT)	22e ADDRESS	CIAN DIRECTOR TITIS	CIANGE	11 110
Michael Tay	lor, MD	9000 Fr	anklin Square	Dr. 21237	
23a. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMA			
CREMATION	4/8/85	SECURITY PAOC	CITY OR TOWN	70 COUNTY	STATE
24 FUNERAL DIRECTOR	10/00	10200 HILL PHOCE	250 DATE REC'D BY REGISTRAL	25h DECHETDADE CH	SNATHRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashauld be detached for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medica

with the State Dept. or necessary MPORTANT: If them 21 is marked or them 18 shows any

J. G. CONNELLE

ADDRESS 300 MACE APR 9

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				Va autropatation	and the second second	0.00	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
CEASED NAME ORPRINT)  REV.	MIDDLE	PLOW DE	IN	20. DATE OF DEATH	4 19		12:45A
* MALE	4. RACE BLACL	5. DATE OF BIRTH	DAY YEAR	6. AGE (INYEARS LAST	YRS	MONIHS DAY	
RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED N	EVER MARRIED DIVORCED	BALT IMOR	_		M
OWS ON	GBMC - 6701 N .C	HARLES ST.	R INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING L		OF BUSINESS OF
MD.	PROTHER INSTITUTION GIVE RESIDENCE BILLY	OWN 13d. IN		13e.STREET ADDRES		DE 0 2 8	21039
THER'S NAME FIRST  IENRY	MIDDLE PLOY		THER'S MAIDEN NA	ME MIDDLE			AST
(AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES. G YES	IVE WAR OR DATES)	ECURITY NO. 17 INF	TTA PLOW		RD.,	CUBA,	MD. 14
18 CAUSE OF DEATH (Enter of	inly one couse per line for all the RESPI	PATORY ARRE	יכיי		1 = 12	APPRO BETWEE	XIMATE INTERVAL N ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause iot, stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF					
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF	LATED TO THE TERM			VEN IN PART	î î o
Conditions, if any, which gove rise to immediate cause iot, stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF  TO DEATH BUT NOT RE  TROINTEST IN	LATED TO THE TERM		20b. IF YE	S, WERE FINE	
Conditions, if any, which gove rise to immediate cause all, stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  UPPER GAS  196. CONDITION FOR WH	OUENCE OF  TO DEATH BUT NOT RE  TROINTEST IN  TICH OPERATION WAS	LATED TO THE TERM IAL BLEED PERFORMED	AINAL DISEASE OR CO	20b. IF YE IN CERTI	S, WERE FIND IFYING CAUSI ES []	DINGS USED ES OF DEATH?
Conditions, if any, which gove rise to immediate cause in stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DI	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  UPPER GAS  196. CONDITION FOR WH	TO DEATH BUT NOT RETTROINTEST IN CHICH OPERATION WAS DAY YEAR 19 216 LC	LATED TO THE TERM IAL BLEED PERFORMED	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IT	206. IF YE IN CERTI	S, WERE FIND IFYING CAUSI ES []	DINGS USED ES OF DEATH?
Conditions, if any, which gove rise to immediate cause in), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DISTRIBUTION CONTRIBUTION C	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  UPPER GAS*  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	TO DEATH BUT NOT RETENDED TO THE PROTECT OF THE PRO	PERFORMED  OW INJURY OCCUR  DESTRICT  19.85	200 AUTOPSY?  YES NO RED (ENTER NATURE OF 1)	206. IF YE IN CERTI Y  NURY IN ITEM 18	S, WERE FIND IFYING CAUSI ES  PART I OR PART 2:  COUNTY	STATE
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Conditions, if any, which gove rise to immediate couse lost, stofning the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTHER 21 WORK 21 WORK 22a.1 certify that (1) (this hoss	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  UPPER GAS!  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	TO DEATH BUT NOT RETTO TEST IN COLOR TO THE PROTOCOLOR TO THE PROT	PERFORMED  OW INJURY OCCUR  DOCATION  STREET  19  ATTENDING	200. AUTOPSY? YES NO RED (ENTERNATURE OF IT  (ITY OF A COUNTY OF A	20b. IF YE IN CERTI Y NJURY IN ITEM 18	S, WERE FIND IFYING CAUSI ES  PART I OR PART 2:  COUNTY  19 85  ur and from th	STATE  that (I) (we) loss to couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGTENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST PRICE 2a DATE OF DEATH DECEASED NAME FIRST ONE ITA 26 HOUR MAY TYPE OR PRINTI OMEITA AGE TIN YEARS LAST BIRTHDAYS IF LINDER I YEAR DAYS 86 White BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DU17 7 Marvland U.S.A. WIDOWED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE NDUSTR Own Home Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CHILD AND TOWN 130. STATE 130. COUNTY 13e STREET ADDRESS / ZIP CODE INSIDE CITY LIMITS? 10 Thaxton Ct. 21093 Timonium Baltimore Maryland NO X 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE Webster Windson Bessie May Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21662 LIE YES GIVE WAR OR DATES! LYES NO OR LINKNOWN! Elaine W. James -Goose Neck Rd., Royal Oak, Md. 217-26-2598 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on. and that in (my) (our) opinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED 226 SIGNATURE MEDICAL ATTENDING St. Joseph's Hospital, Osler Dr., Towson, Md Beatriz D. Dizon, M.D.

230 BURIAL CREMATION REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION [SPECIFY] Baltimore 4-12-85 Oaklawn Burial

24 FUNERAL DIRECTOR

250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Rd. AFR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

. 1	FOR STATE				STA' MENT OF I EX AMIN	HEALTH		ENTAL M	GIENE	1 0	2	7 5		
	REGISTRAR DECEASED NAM (TYPE OR PRINT)	e FIRST		MIDDLE J.	RZV	BORE L	AST			DATE KNO' OF EST DEATH MAT	- 4	4 8	YEAR 19 85	2b. HOUR
NO PER	kene	Cauc.	5. DATE OF BIRTH	YEAR 21	6. AGE (IN YEAL LAST BIRTHDA	Y) MONTHS		IF UNDER		C. DATE RONOUNCED DEAD	MÓM	4 8	YEAR 19 85	24 HOUR 2:55 PM
<b>差</b>	BIRTHPLACE (5 FOREIGN COUNTRY) Maryland	TATE OR	76. CITIZEN OF W			D		VER MARRIE DIVORCE	ED 🗆	Baltimore	_		DEATH	
00	CITY OR TOWN  Dunda 1k	OF DEATH	11. NAME OF HOS	ilway	AVe.	OR OTHE <b>212</b>	R INSTITU		12a. USUA FOR MC	AL OCCUPATION OF WORKING LINES	N (TYPE OF W	ORK 12b. K	IND OF BU OR INDUSTR	
130	Maryland	Bal	e or other institution, G NTY <b>timore</b>		OR TOWN		13d. INSIDE CI Yes 🔲	NO 🛣	6905	T ADDRESS Railwa	y Ave.	Bal		21222 d.
190	Stanis I	aus	MIDDLE	P	rzybor	owski	F	er's maide lest /eroni		MIDDLE	DDRESS 4		LAST embina	
NOISINID	NO NO. OR UNKNO	(IF YES, GIV	/E WAR OR DATES)		-12-97				Prz	yboro		Balto		
CREMATION, OR	couse (o lying cou	gove rise to immediate couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
SURIAL,		OPERATION			WHICH OPER								AUTOPSY? Iead C YES [X	nly
	CONTRIBUTI	NG CAUSE OF	F DEATH P.A.	A. MONTH		21f LOC			) (ENTERNA	CITY OR TOWN	ITEM 18 PART 1	COUNTY		STATE
SEATH, WITH THE ST		fy that I took cho	rge of the remains de	Accident		Autops)	Homic TITLE (S	Inspection	Undeter	Inquiry		ATE 4	1-9-85	5
A FTER DIAMETER DIAME	EXAMINER'S (TYPE OR PRI	NT) AIII	M. Dixon		• NAME OF CEA		DDKE33_		enn S	St., Ba	lto.,	Md.	21201	
1 - 17	Bur	ial	4-12-85	S	t. Star	islau	13	250. DATE R	EC'D. BY R	REGISTRAR	REGUERA La David	P'S SIGN		Md .
5 ME (5)) A 4/82	Walter Da	abrowski	- 1005 Du	ndalk	Avenue	2122	24	APR	111	985				

DEB VIN'

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Susta us:

Mary same Parcimore

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10 '21 00

Marian St. Striskers

ALLET DEFFORSAL - 1995 Number Avenue 21224

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Przyborows d. Veronine

216-11-9709 Mrs. Welon Frayboreta H. Balta., Md. 212

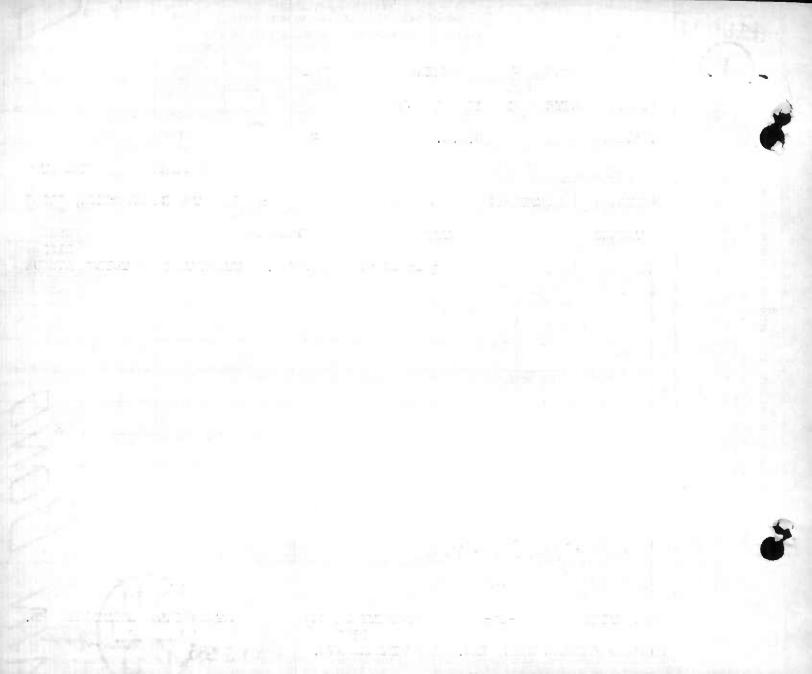
Deminski 6905 Ballasy Av.

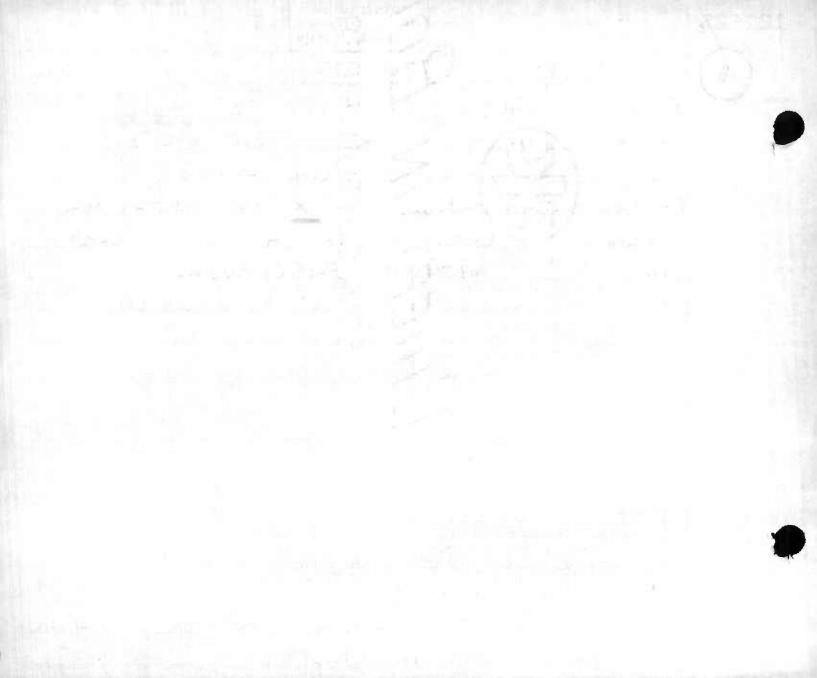
Boltimore, Hd. -

Retired Boukins Univ

x 6905 Railway Ave. Balun., Md.

		FOR	5 220 0	12213	15 mm	DEPART	MENT OF		AND MI		*GIENI		0	2 4	0		
416091		STATE REGISTRAR			M	EDICAL	EXAMI	NER'S	CERTIFIC	CATEO	F DEA	TH	REG.	NO.			
1	1. DE	CEASED NAM	E FIR	ST		MIDDLE			LAST		2	O DATE	KNOMN		H DAY	YEAR	76. HOU
(WEARE)	(TYP	E OR PRINT)	KAT	HLEEN	J	SHEI	LA	RET	TALIA	TA		OF DEATH	ESTI- MATED	₩ 4	14	19 85	
8191	3 SEX		4. RACE	5. D	ATE OF BIRT	TH YEAR	6 AGE (IN Y			IF UNDER		RONOU	E	MONTH	DAY	YEAR	2d HOU
Z	F	EMALE	WHIT	E O	1 1:	1 20	65	rrs.	HS DAYS	Hours		DEA	D	4		19 85	8;3;
107		RTHPLACE (S	TATE OR	7b. 0	CITIZEN OF	WHAT COU	NTRY?	8 MARR	IED NE	VER MARRI	ED 🗌	BALTIA	MORE CITY	Y OR COU	NTY OF D	EATH	117
/_	E	NGLAND			U,	S.A.			VED 🛣	DIVORCE				e Cou		10.000	M
7/	10. CI	TY OR TOWN	OF DEATH		(IF NOT IN SUCH	FACILITY, GIVE	JRSING HON		HER INSTITU	TION	FOR M	OST OF WO	ORKING LIFE)	TYPE OF WORK	OR	ND OF BUS	RY
2		odlawn					ok Dr.				BC	OKKE	EEPER		SHO	E STO	ORE
5	13a. S		135 C	OUNTY ALT IM		13€. C1T	Y OR TOWN		13d INSIDE (	NO 🔀	13e STRE 675	TO TO	ess WNBR(	OOK DI	RIVE,	212	07
2/	14. F/	THER'S NAMI	E	MIC	DDLE		LAST			ER'S MAIDE	N NAME		MIDDLE			LAST	
<u></u>		STANLE				BATTY				SANNAI	H					SHAW	
7		VAS DECEASE ES, NO, OR UNKNO		S, ARMED S, GIVE WAR C		16b SC	CIAL SECURI	TY NO.	17 INFORA				ADDRE			2123	
ď		NO				21	7-18-65	524	FRAN	K D, I	RETTA	LIAT	'A 320	D2 TAY			
		18 CAUSE C	F DEATH (Ent	er only on	e cause per l											PPROXIMATE VEEN ONSET	
				EDIATE CA			oramine		DYLCat	TOH							
	1	Canditio	ins, if any, v	which	DUE TO, C	OR AS A CO	NSEQUENCE	: OF									
		gave r	ise to imme ) stating the u	diote	(b)	OP AS A CO	NSEQUENCE	OF									
	10	lying car		- I	00210,	OK AS A CO	INSEQUENCE	Or									
		PART 2 OTHER S	IGNIFICANT COND	ITIONS CONTR	(c)	ATH BUT NOT RE	ATEO TO THE TER	MINAL DISEAS	SE OR CONDITIO	IN GIVEN IN PAI	RT 1 in						
7	Z																
7	TA	19a DATE OF	OPERATION		196 CON	DITION FOR	WHICH OPE	RATION V	VAS PERFOR	RMED?					20 A	UTOPSY?	
	TEN	No.													Y	YES	NO 🗌
1	MEDICAL CERTIFICATION		AL CAUSE WA	45		OF INJURY	H DAY YEA	AR	OW INJURY					18 PART 1 OR	PART 2)		
,	3		ING 🗌 CAUS	E OF DEAT	H F	P.M. 4/1	14 19 8	35 s	ubject	inge	sted	drug	3				
	AEDI	216. INJURY	OCCURRED NOT WHILE	E 1747		E OF INJUR			CATION STREET 57 TOW	vnbroo	,	CITY OR TO	OWN 3	_ (	COUNTY	34.3	STATE
	-	AT WORK	ATWORK	E 2		hor	ne	1		mbroo	ok Dr	. Woo	od Law.	n, Ba	ito.,	, Md.	
	100	22a I cert	ify that I taok	charge of	the remains	described ob			osy X	Inspection	n .	Inquiry	, 🔲	and in my	apinion		
		deoth result	ted frams	Natural co	ouses,	Accident	s	ivicide X	], Hamii	cide	Undete	rmined m	nanner				
		ACTUAL	the	M	200	Dr.				SPECIFY)				DAT	TE A 4	16 05	
7	,	SIGNATURE	1	V~\/	-/	, ,		^	ASSI	stant	MEDI	CALEXA	MINER	SIGI	TE 4-1	TP-82	1
7		EXAMINER'S (TYPE OR PR	NAME A	nn M.	. Dixo	n, M.I			_ADDRESS_	111 P				., Md	. 212	201	
7	( )	URIAL, CREMA					NAME OF C				23d 10	CATION		CC	OUNTY	ST ST	ATE
		CREMATI		04	-18-8	5	SECUR						VILLE		T IMOH		D.
		NAME		T 1103	ADDR	RESS	) 7 T.T.T.T	212	29 A 37E	250. DATE F	A A	**************************************	E Com	Swile	on-16	Mall	The state of the s
	H	UBBARD	FUNEKA	L HOI	TE, IN	0. 410	) / MILL	VENO 1	AVE.	APK	119	1985	-				•





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FOR

- STATE REGISTR

3. SEX

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR				
Blanche	Mary	Richardson	4 2	21 85	7:30				
. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
Female	Caucasian	12 9 1891	93 <sub>YRS.</sub>	MONTHS DATS	HOURS MIN,				
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH					
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Count	Ey,	MD.				
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		126 USUAL OCCUPATION 126 KIND OF BUSINES						
Garrison	Garrison Valley		Nurse Hospital						
SUAL RESIDENCE (IF NURSING HOME	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)							

1	Female	Caucas	ian	12 9 18	91 93	YRS.		
Z,	OUNTRY)			RIED NEVER MARRI	ED 🖆	RE CITY OR COUNTY		
	Maryland	U.S.A.		WED DIVORCE		more County	V.	MD
า	10 CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKING LIFE	126 KIND OF BI	USINESS OR
/	Garrison	Garriso	n Valley Nur				Hospit	al
Ľ		IG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	(N) INSIDE CITY LIA	AITCO 112 STREET	ADDRESS / ZIP CODE		
2	Maryland		Baltimore	YES NO		Madison S	treet 21	202
	14. FATHER'S NAME			15. MOTHER'S MAIL		I MOTDOIL D	CLCC 21	202
A	FIRST	WIDDLE	LAST	FIRST		MIDDLE	LAST	
7	James	T. F	ichardson	Margare	it		Bonnevil.	
2	160 WAS DECEASED EVER IT		166 SOCIAL SECURITY NO	). 17 INFORMANT		AD3085 Whit	man Aver	iue
1	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216.18.3113	A George E.	. Richardso	on Salisbur	y, MD 2	21801
	18 CAUSE OF DEATH	Enter anly ane cause per	line for (a), (b), and (c)		0 4		APPROXIMAT BETWEEN ONSE	E INTERVAL
	PART I. DEATH WA	MMEDIATE CAUSE (a)	Cerebro	Vascul	ar Acu	dent	2 de:	245.
		DUE TO, O	R AS A CONSEQUENCE;OF					
	Conditions, if any,		Ceroly	Al Arlen	rioseles	csi		
	gave rise to imme		R AS A CONSEQUENCE OF					
	underlying couse	lost (c)	R AS A CONSEQUENCE OF					
	PART 2. OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	HE TERMINAL DISEAS	E OR CONDITION GIVE	N IN PART 110	
	ASCID,	CHF,	DVD, UTI	, seemb	itus o lec	7515.P	gastroste	my
1		ON 196 COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTC		, WERE FINDINGS	
	21- ACCIDENT WAS UNDE				YES 🗌			10 🗌
1	710 ACCIDENT WAS UNDE	RLYING TO 716 TIME C	F INJURY	21c HOW IN JURY	OCCURRED JENTER NA	TUDE OF INJURY IN ITEM IS PA	ART LOR PART 21	

HOUR A.M. MONTH YEAR

OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 114 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from

and that in (my) (our) apinian death occurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF

Green Mount Cemetery

226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

1528 King William Drive

DIRECTOR PHYSICIAN

Shukat Khan 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN COUNTY (SPECIFY)

24 FUNERAL DIRECTOR

ma Davidson Randelle

Baltimore,

STATE

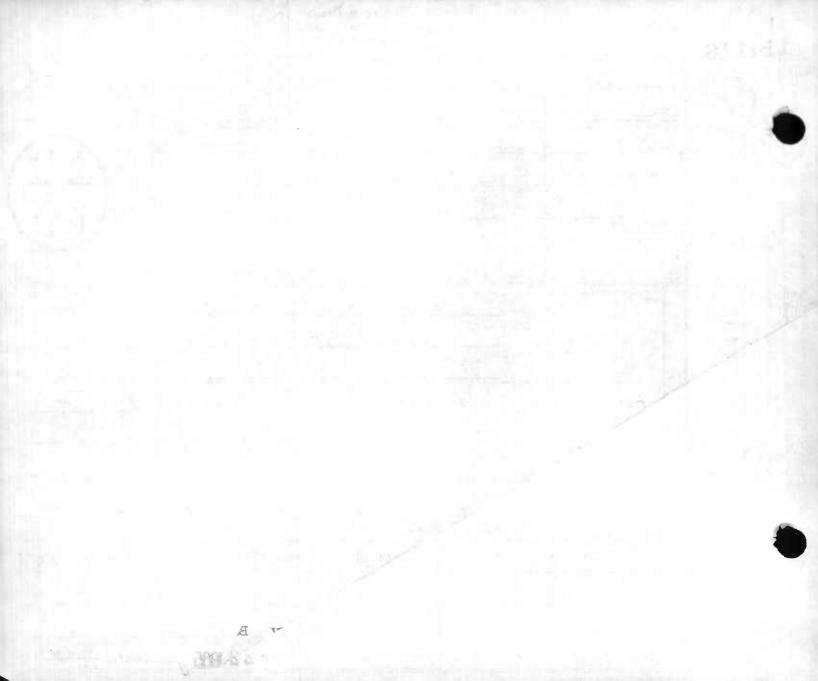
Walter Brooks Bradley, Inc. Balto., MD

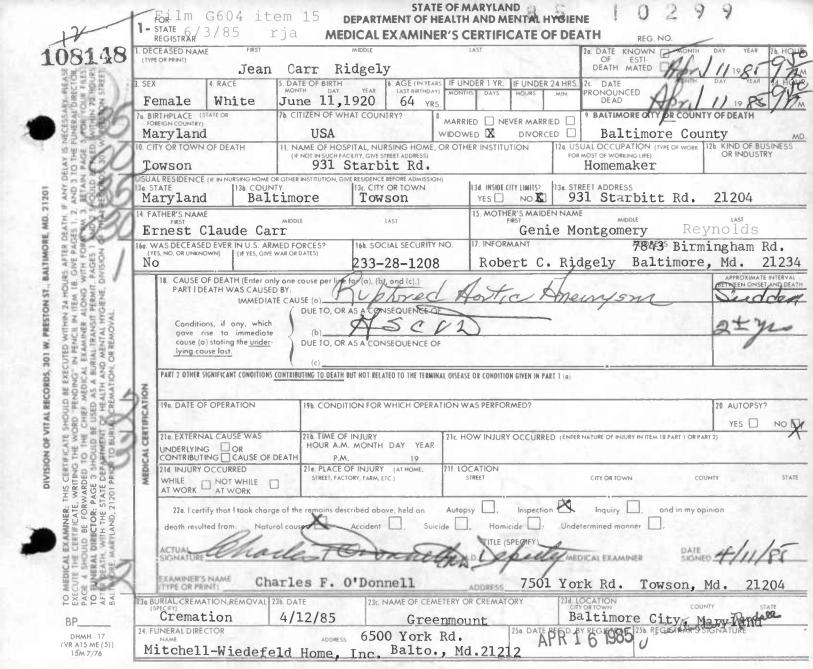
DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR:

IMPORTANT

Cremation





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7001 .TG .det | Gelds | 200. TG . Select City toward Ed. E. E. Mennet Mill seed Termini G. Cabert Swelten 그러는 나는 사람들이 나를 다 하는 것이 없는 것이다.

200

Andrew Colors of the Color of t

May E. E.L.

1 - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

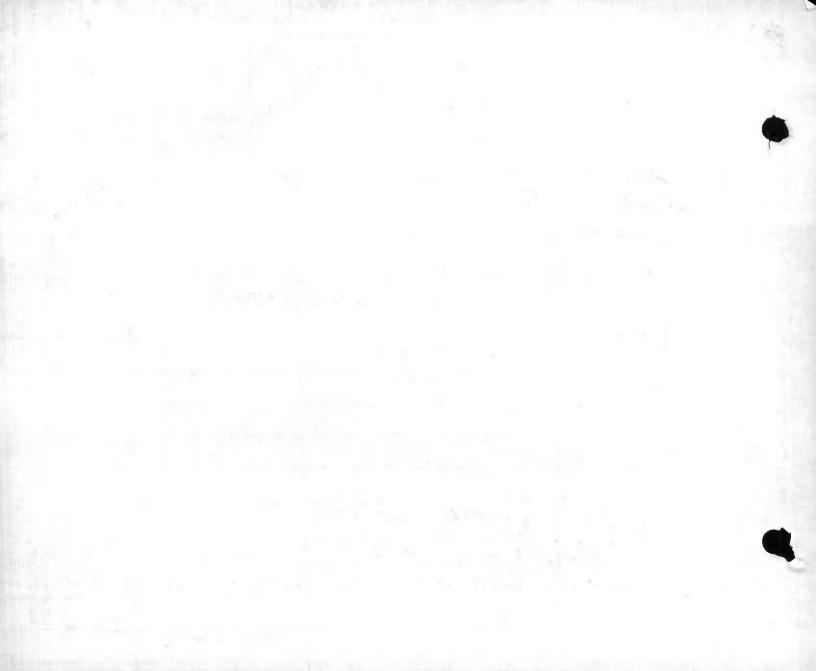
REG. NO.

								, NO.					
		EASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	H MONTH	DAY YEAR	26 HOU	R		
	11.11		LLIAM	ISADORE	RIVLIN		APRIL 13	1985		4:32	$2 P_{M}$		
3	SEX		4. RAC	CE		OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS		
	M	IALE	W	HITE	JUN		75	YRS		HOURS	MIN.		
17	s. 818	THPLACE INTATE OR FO		IZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CIT						
4		ssia	TT	.S.A.	MARR	NEVER MARRIED L		COLINI	TV		MD		
_		LY OR TOWN OF DEAT	H 11. N	AME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP	BALTIMORE COUNTY MI					
2	70	ODE HOLIADO			Y, GIVE STREET ADDRESS)	OWN TARMA	PRINTER	ST OF WORKING					
	JSUA	ORT HOWARD	NG HOME OR OTHER I			D, MARYLAND			Adver	tisi	ng		
ol'			13b COUNTY		TY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRE			112	2		
1	Desire Printer	IARYLAND	BALTIMO	RE   DU	ındalk	YES NO W	7233 MAR	LELL A	VENUE	02.00			
A	Hazes	FIRST	MIDDLE		LAST	FIRST	WIDDE	E	LAS	Ť			
1	_	AS DECEASED EVER I	ALLIC ABUED E	Riv]	Lin CIAL SECURITY NO.	Eve	Leah	DRESS	_Kessler				
10		ES NO OR UNKNOWN)	(IF YES, GIVE WAR O		CIAL SECURITY NO.	. 17. INFORMANT			MD 212	22			
Y	ZES		PRE KOR	EAN   213	03 3789	Mr. Robert	D. Strom 8	168°Mi	MD 212	MATE INTER	0.1		
	CERTIFICATION	cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERATI	IFICANT CONDI	(c) ITIONS <u>CONTRIB</u>		UT NOT RELATED TO THE TER	RMINAL DISEASE OR C	20b. IF Y	ES, WERE FINDIN	IGS USER			
4	E					100 110 110 110 110 110 110 110 110 110	AEXX NO		YES [	NO [			
-	CAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH	P.M.	ONTH DAY YEA			R TOWN	COUNTY	5	TATE		
1	2	NOT WHILE	E	TACI	Jane Panneley	4							
		22a.1 certify that (1) ( saw the decease abave, (1) (we) (di 22b SIGNATURE)	d alive anAPR	IL 14	19.85	and that in (my) (aur) apinio  DEGREE  ATTENDING PHYSICIAN		TAFF		SIGNED			
1		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e ADDRESS							
		MARCIA KA	NE, M.D.			VAMC, FORT H	HOWARD, MAR	YI.AND	21052				
			,			,		- LILLI					
2		URIAL, CREMATION, R	EMOVAL 23b.	DATE	23t NAME OF	CEMETERY OR CREMATORY	23d LOCATION		201015		1475		
-1	(	URIAL, CREMATION, R SPECIFY)		DATE /16/85	231 NAME OF		23d LOCATION CITY OF TOWN  Balt: ATE REC'D. BY REGISTR		COUNTY		TATE		

DHMH - 16 60M 7/84 (VRA 15, 4)



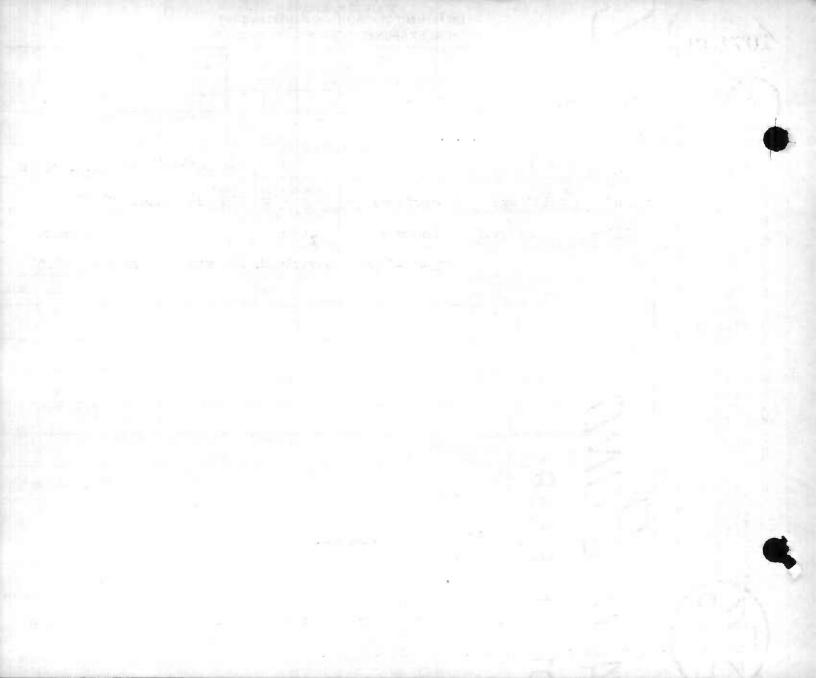
£14044	1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YOPENE O 3	0 2
1		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b HOUR
1 15 85	(11)	PERR	Y H	ROARK	04. 1	6. 85 2.05 PM
(No. 1)	3. SE	X.	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		MALE	WHITE	10. 30 0.80	77 YRS	
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 11/12		rth Carolina	U.S.A.	WIDOWED DIVORCED [	BALTIMORE C	OUNTY MD.
10 10 10 10	V _	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)  NURSING CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Miner	126 KIND OF BUSINESS OR INDUSTRY Coal
	OSU	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE	BÉFORE ADMISSION)	13e STREET ADDRESS	21222
3 1 1070	-	ryland Bal			2008 Larkhall Rd	. Balto., Md
MARYL ofthi	7	THER'S NAME FIRST NEWTON	MIDDLE LAST	15 MOTHER'S MAIDEN I	WIDDLE	ROLAND
# 10 00 00 0		VAS DECEASED EVER IN U.S. A		ECURITY NO 17 INFORMANT	ADDRESS	Md. 21222
BALTIMORE care he execu- phician and a open. Pages wol. it, the medical	No			-4465 Willie Jane	Roark 2008 Larkha	ll Rd Balto.
PRESTON ST_BAI he death certificate the attending physics throws carbon pages reation, an remayol.		PART I. DEATH WAS CAUS	inly one cause per line for 101, 1b ED BY TE CAUSE (0) CAPUS DUE TO, OR AS A CONSI	dis-resperalory a	wees L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es, that it med by it is please normal, are y, or othe		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSI	OUENCE OF	rminal disease or condition giv	EN IN PART 1(a
DIVISION OF VITAL RECORDS THE PHYSICIAN: The faw requir r attending physician the what confident has been sign as the basical recent from the ood Mental Hygiens grains to be asked or been 18 shayeony tolius	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WA	HICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VIT	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
VISION (G PHYS other this of the form cond Me whed or the	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN phol or TOR At far vito of Health			ot) view the bady ofter death.		on deoth occurred on the date and hou	19 , that (I) (we) lost and fram the causes stated
AL OR A 7 the bar AL DIRES of Dept of Dept of Dept		22h SIGNATURE	amesa		MEDICAL STAFF DIRECTOR PHYSICIAN	4-16-85
D HOSPITAL Manual by the On Blueteral Manual be deter- with the State		MORRIS K	AINESS, MAS	22e. ADDRESS 1/05 OLD E	ASTERN ALE A	Ball Inderes
# \$ +215	23a	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP	Bu	rial	4=19=85	Holly Hill Mem Gdns	White Marsh I	Balto. Md
DHMH - 16 60M 1/75		UNERAL DIRECTOR	ADDRES	3	MYERECID. BRIES BAR 256-REGIST	RAR'S SIGNATURE
(VR A 15 (4))	Di	da-Ruck, Inc.	7922 Wise Ave.	Balto., Md 21222		



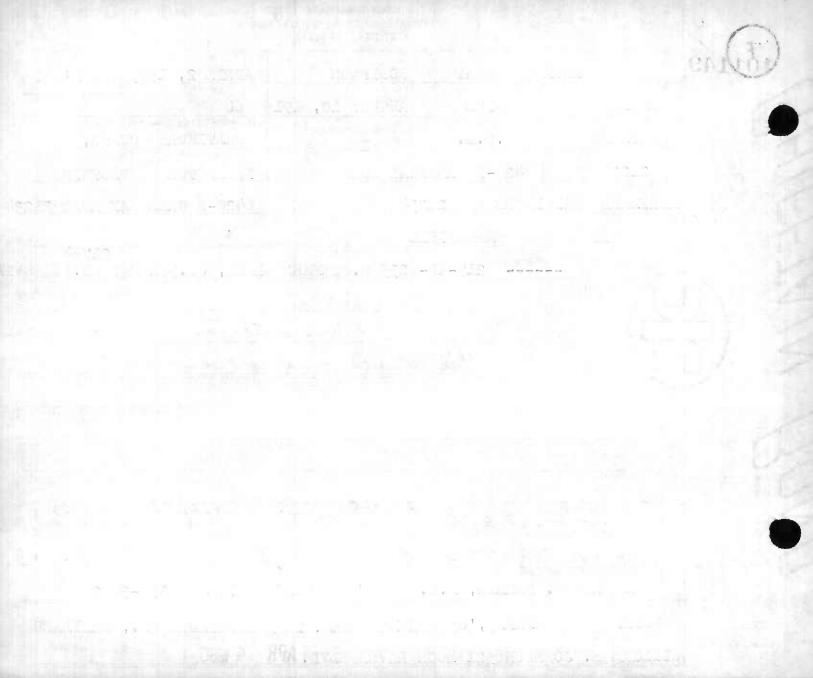


	1-	FOR STATE				OF HEALT	MARYLAND AND MENTAL CERTIFICATE		10	3 0	d	
139		REGISTRAR CEASED NAME	FIRST	74156	MIDDLE	WIIINER 3	LAST		REG. N		DAY YEAR	
		E OR PRINT)	Timot	hy	J.	Ro	oberts	20. D.	ATE KNOWN DE ESTI- ATH MATED	4-11		2b. HOUR
	3. SEX		hite	5. DATE OF BIRTH		BIRTHDAY) MON			OATE OUNCED DEAD	MONTH 1	DAY YEAR 1. 19 85	24 HOUR 10:50
4		Male W		75. CITIZEN OF WH		YRS.			LTIMORE CITY	4-T.		р. м
l	FO	REIGN COUNTRY)				ı	RIED 🔼 NEVER MA	RRIED 🔲				
ļ		aryland	DEATH	U.S		WIDO			altimore			MD.
	I	ansdowne		715 Fif	th Avenu	DRESS)	HER INSTITUTION		Receivi	ing F	OR INDUSTR	non
ĺ	130. S		[13b. COUNT	ROTHER INSTITUTION, GIV TY imore	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS		odress th Avenu	ie 212	227	
l		THER'S NAME	Daic		Dansac	WIIC	15. MOTHER'S MA			16 212	- 4 1	
		William		Michael	Rober		Joann		MIDDLE		Conner	
		VAS DECEASED EN		AED FORCES? WAR OR DATES)	166 SOCIAL SE		17. INFORMANT		ADDRESS			
		NO			213-62	-6642	Beverly	M. Rober	ts 715 5	th Ave	2122	27
		PART I DEATH  Canditians, gave rise	IMMEDIAT  if any, which ta immediate ting the under-	DUE TO, OR	nshot Wo AS A CONSEQU	ound of	Head	(unspec	ified)		APPROXIMATE BETWEEN ONSET	AND DEATH
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIF					SE OR CONDITION GIVEN IN	PART 1 (a)			2B AUTOPSY?	
ı	TE										YES 🗌	NO 🕅
	AL CER	216. EXTERNAL C UNDERLYING CONTRIBUTING	Ď.	216. TIME OF HOUR <b>XX</b>	MAONTH DAY		ow injury occur abject sho			PART 1 OR PART	2)	
1	DIC	21d. INJURY OCC		21e PLACE C	FINJURY (ATH	17 00	OCATION					
	¥	WHILE AT WORK A	OT WHILE X	IX I	ORY, FARM, ETC.)	7:	15 Fifth A	ve., Lan	sdowne, E	Balto.		d.
		22a. I certify the death resulted for actual SIONATURE  EXAMINER'S NAI (TYPE OR PRINT)	leuu	e of the remains desc al causes nis F. Sm	Accident ,	Suicide X	Homicide SPECIFY) M.D. Assista	Undetermine  nt_MEDICALE  Penn St	d manner .	DATE SIGNED.	4-12-	
1	23a BI	JRIAL, CREMATIO					_ADDRESSOR CREMATORY					
	{5	Bur:	ial	4/15/85	Loudo	n Park	Cemetery	23d. LOCATION OF TOWN Baltin	nore	COUNTY	Maryla	
		DINERAL DIRECTOR NAME  bbard Fur		ome, Inc.		1229 1kens A	0.11	R 1 5 198	5 PER 1756 REG	ISTRAR'S SIG	MATHRICAN	

20M 4/82

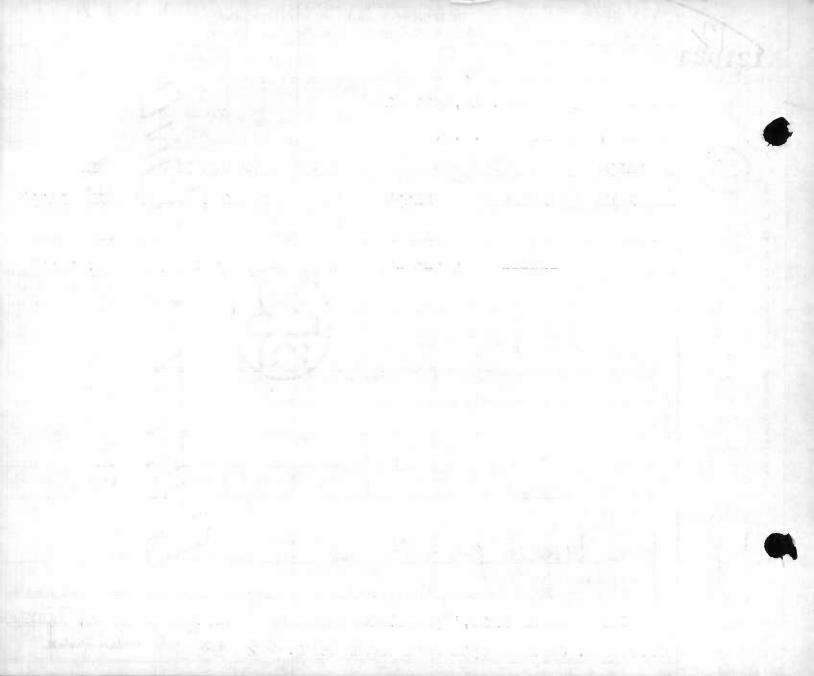


STATE OF MARYLAND





		1.	FOR			DEPARTMENT C		MARYLAND M		YGIENE	10	3 0	1	
	12	1-	STATE REGISTRAR		M	EDICAL EXAM	INER'S	CERTIFIC	CATEO	F DEATH	REG. N	10.		
4	21024		CEASED NAME	FIRST		WIDDIE		LAST		20 DA	TE KNOWN S	MONTH C	DAY YEAR	26 HOUR
	名を用る田			INGA	М	RO	`HF			DEA	ATH MATED [	4-23-	8519	M
0/	PER CES	3. SE		RACE	S. DATE OF BIRT	Y YEAR LAST BIR	THDAY) MO	THS DAYS	HOURS	MIN. PRON	OUNCED	4-23-	85	7:45P
The -	S A S A S A S A S A S A S A S A S A S A		MALE	WHITE	DEC. 1	0,1922 62	YRS.			9 BA	EAD		19	M
	SAN SEE	F	REIGN COUNTRY)	GERMANY		S.A.	MAR	RIED XNE	VER MARRIE	D L	Baltimor	_		
	SE SE		ITY OR TOWN O		11. NAME OF H	OSPITAL, NURSING HO	ME, OR OT	THER INSTITU		12ª USUAL O	CUPATION (TY		KIND OF BU	SINESS
	(1880) O	1	21234	,	7603°A	pt E. Hill	endale	e Rd.		HOUSE	WIFE	1	OR INDUSTR	.4
5	13300	USU.	AL RESIDENCE (I	F IN NURSING HOME OF		GIVE RESIDENCE BEFORE ADA	15510N) N	Isa. INSIDE C	ITY LIMITS?	13e. STREET AL	DDRESS	1.3		25-16
. 21201	る会園を発	_	RYLAND	BALT	TIMORE	21234		YES 🗌	№ Х	1201	DALTO	N ROA	D 212	234
, WD.	E 2233	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		F	ER'S MAIDEI		MIDDLE		LAST	1981
08	25 8 S S	160	MAX WAS DECEASED	EVER IN U.S. ARM	AFD FORCES?	HERRMAN 166. SOCIAL SECU		H 17 INFOR	ANNA	<u> </u>	ADDRES	SE	NDAGU:	ST
BALTIMORE,	VEPS /	1,00.	NO NO, OR UNKNOW	(IF YES, GIVE V		212-34-8		JOHN		HE 120			. 2121	2/1.
8	ME AN WITH T. PAG DIVISI	-	18 CAUSE OF	DEATH (Enter ani	y one cause per li	ne for (a), (b), and (c).)	300	19011	LAUCI	IE IZU	T 1/1911	עא אט	APPROXIMATE	INTERVAL
N ST	M HOL ONG PERMI		PARTIDEA	TH WAS CAUSED	BY:	Arterioscl	arotic	cardi	iovacc	ulan di	02602		BETWEEN ONSET	AND DEATH
PRESTON	17 = 3 = 2 0				DUE TO, C	OR AS A CONSEQUEN	CE OF	-cara-	10 4 4 3 6	arar ar	30030			
			gave rise	, if any, which to immediate	(b)				-					1
201 W.	のから、市り		lying cous	stating the <u>under</u> - e lost.	DUE TO, C	OR AS A CONSEQUEN	CE OF					100		
	E. WRITING THE SHOULD BE EXECUTED BY WARDED THE CHIEF MEDICAL EXAMPLED TO FREATH AND MANAGED TO BURIAL, CREMATION 1, 21201 PROR TO BURIAL, CREMATION		PART 2 OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	PANIMAL DISS	ASE OF CONDITIO	N CIVEN IN DAR	I la				
RECORDS,	PENDING MEDICA O AS A BI IEALTH CREMA	Z					ERMITTINE DISE	AND ON COMPITIO	II OHEII HI FAR	11.0				
L	L'OLA	1 K	19a. DATE OF C	OPERATION	19b CON	DITION FOR WHICH O	PERATION	WAS PERFOR	RMED?				D AUTOPSY?	
VITA	WORD "PE WORD "PE AE CHIEF N BE USED I ENT OF HE	I I											YES 🗶	NO 🗆
DIVISION OF VITAL	THE WE STATE WE STATE WE TO BE	MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING			OF INJURY .M. MONTH DAY Y	EAR 21c	HOW INJURY	OCCURRED	) (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)		
Sion	CERTIFICATE WITHOUT THE WOED TO THE DEPARTMENT I PRIOR TO I	SICA	CONTRIBUTIN	G CAUSE OF D		.M. 19 E OF INJURY (AT HOME	216.1	OCATION						
DIV	WRITIN WRITIN ARPEE AGE 3 ATE DE	ME	WHILE AT WORK	NOT WHILE		ACTORY, FARM, ETC.)		STREET		CITY	OR TOWN	COUNTY	1	STATE
	E, WR RWARI PAGE STATE		ATWORK	AT WORK				ipsy X.						
	AND		27a I certify death resulted		e of the remains o ol couses \(\int\),	described abave, held o	Suicide L	psy LA.	Inspection	Undetermine		nd in my opinio	iu .	
	EXAMI CERTIFIC JLD BE DIRECTORY WITH		dedin resolies	Ala	A A	· (N)	Suicide L		SPECIFY)	Onderermine	a manner			
	ALE WALE		ACTUAL SIGNATURE_	Muge	le 1	re only	,	M.D. AS	sista	<b>nt</b> MEDICAL E	XAMINER	DATE SIGNED 4	1-24-85	
	MEDICA CUTE TH CUTE TH SE 4 SHG FUNERA ER DEAT	/	EXAMINER'S N	IAME										
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22- 5	(TYPE OR PRIN		parita A	. Korell, M.	D.	_ADDRESS_	111	Penn S	treet			
07.70		730.6	URIAL, CREMATI SPECIFY)  BURTAT		SB. DATE	23c. NAME OF		VETEF		23d. LOCATIO	N	FORRES		ATE RYLAN
07/84 25M	BP	24 F	UNERAL DIRECT	OR	APRIL26	ONARIJ	TAMD	A T. T. T.		EC'D. BY REGIS	TRAR 256 REG	SISTRAR'S SIGN	VATURE	VITNWI/
	(VR A15 ME (5))	W	LLIAM	E. JOHN	VSON 85	21 LOCH	RAVEN	BLVI	APR	26 198	5 Julia	Davidson-	gandere	•



102065

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	STATE REGISTRAR		DEF	CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE	Frede	rick R	odger	S			04/0	3/85	5:28P <sub>M</sub>
3. SE	X	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	HOURS MIN.
	Male	white		71107.511	03/10	74	YRS		1.00.00
		76. CITIZEN OF	WHAT COUN	TRY? B		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
P	Pennsylvania	US		WIDOWE		Baltimor	e Cou	-	_ MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
-		GBMC	6701	N. Chai	rles St.	Main. Med			ation Pla
13a S	AL RESIDENCE (IF NURSING TOME OR STATE	OTHER INSTITUTION ITY	13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		21	211
-	ATHER'S NAME		Baltin	liore	YES NO 1	1233 Uni	LOII AV	enue Zi	.211
١.		MIDDLE	LAST		FIRST	OM6		LAS	51
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS		
- '	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	215 0	7 2112	Mrs. Edna Ro	dgers	same		
	18 CAUSE OF DEATH (Enter an	ly ane cause per	tine far (a). (b	o, and icit				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:			iratory Arre	est			ediate
	IMMEDIAT			-					
	Conditions if an 1:1			EOUENCE OF itation				3	
	Conditions, if any, which gave rise to immediate		EAST IN	22/12/20/20/20	1				
	cause (a), stating the underlying cause last	1	R AS A CONS					3	
				rent Ca				-	
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>C</u>	ON TRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART I	a
CAT	198 DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDI	
IF						YES T NOT		S	NO [
CER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM IB P	ART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	III		DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e, PLACE	M. OF INTURY	19	21f. LOCATION				
ME	WHILE TO NOT WHILE TO		REET, FACTORY, OF	FICE FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
	AT WORK AT WORK			Spri	02 84	4/3/		85	
	220.1 certify that (1) (this hospi	1101	e deceased to	0.5	. 17	, to			that (II (we) lost
	sow the deceased alive an above, (I) (we) (did) (did na		after death.		nd that in (my) (our) opinian o	leath accurred on the c	late and hou		
	226. SIGNATURE	0		- 0 .	DEGREE	HEDICAL STA	/	27 DATE	SIGNED
	Dr. K. Berch	ND for	81.	Bleemb	PHYSICIAN [	MEDICAL STA		4/3/2	艺
	22d. PHYSICIAN'S NAME (TYPE O	2			29 ADDRESS			11	
	Albert L, B	lumber	g M.D	•	6701 N. Ch	arles St.	Balt	o. MD	21204
	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
_	Burial	04/0	6/85	Lorrair	ne Park Cem.	Woodlawn			
	UNERAL DIRECTOR	- 11- 37	ADDR	PESS	Pd 21211 APR	REC'D, BY REGISTRAN			
E	Burgee-Henss Fur	neral Ho	me 363	1 Falls	Rd. 21211	1 0 1985	3 de	vidson-4	ander.

DHMH - 16 60M 7/84 (VRA 15, 4) 

## STATE OF MARYLAND

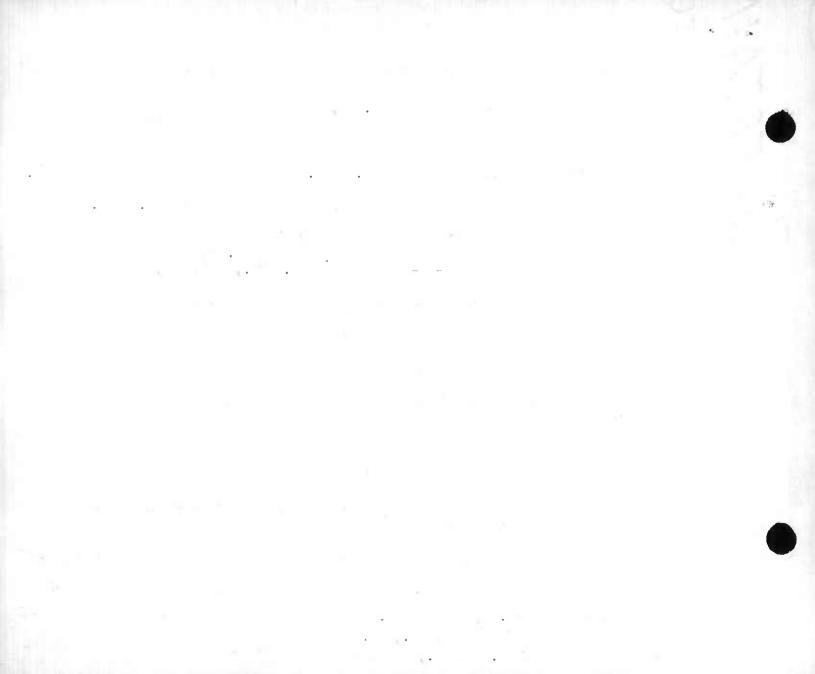
١	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO	٥.			
Ì		CEASED NAME FIRST			AST	20 DATE OF DEATH	21, 8		26 HOUR	A
١		FLOR			THAL	Agrie			10:25	
I	3. SEX		4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS M	AIN.
J		EMALE	WHITE		. 21, 1892	92	YRS	E DE ATIL		
4	5 C	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_			
4	-	1ARYLAND	USA	WIDOWE		BALTIMO				MD.
1	277	RANDALLSTOWN	IF NOT IN SUC	HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESS) MORE COUNTY GE		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O BOOKKEEPE	F WORKING LIFE)	INDUSTRY	OF BUSINESS	
1	13a. S	AL RESIDENCE (IF NURSING HOLE OF TATE 131 COULT	ROTHER INSTITUTION			13e.STREET ADDRESS / 3632 FORD		APT.	E #21	 L215
1	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA					
1		SAMUEL	WIDDLE	ROSENTHAL	FANNI	E		SIE	GEL	
1		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY NO.	17 INFORMANT PAT	UL F. WOODE	8s			
1	N	(IF YES, GI	VE WAR OR DATES)	213-12-6764	100 PENNA. A	VE., TOWS	ON, MD	212	.04	
1	$\neg$	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line (or 10), (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEA	ATH
ı			TE CAUSE (0)	Cerelison	orcular y	e indent				
ı			DUE TO, O	R AS A CONSEQUENCE OF						
ı		Conditions, if any, which gove rise to immediate	(b)					-		
ı		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUENCE OF						
ı			( (c)							
	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN	I IN PART In	D	
į	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	NGS USED OF DEATH?	
	E					YES NO	YES		NO [	
1	8	21a ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PAR	T I OR PARE 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	Ain	M. 19						
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TO	WN	COUNTY	STATE	E
ı	2	AT WERK AT WORK	(Al Home Sil	neer, racioni, orrice, rana, erc y						
1		22a.l certify that (I) (this hosp	ital) attended th	e deceased from A -	20, 19 45	_, 10_ A 7~~	21, 15	85.	that (I) (we)	lost
1		saw the deceased alive ar above, (I) (we (did)) did no	A The body	ofter death 19 % or	nd that in (my) (our) apinion (	death occurred on the de	ate and hour o	and from the	couses stated	d
ı		226. SIGNATURE			DEGREE			22c DATE	SIGNED	
		Skumm (	Som	, been long	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	4-	21-8	5
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS					
				MOTABBET			San.	Ho	- Juster	)
	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		,1985 BALTO.		23d LOCATION BATEFIM	ORE	COUNTY	MARYLA	AND
		NAME		ON & BROS.,INC	The state of the s	AY 2 1985	25b. REGISTRA	AR'S SIGNAT	TURE V— Manyala i	242
П	-	COLO DETCTEDOTO	MAX DD	DAITO MD 2	1215	171 6 1900	11			_

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FUNERAL DIRECTOR SOL LEVING 6010 REISTERSTOWN RD. N RD. BALTO., MD 21 21215



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRARXC 14522395 REG. NO 105096 DECEASED NAME 2n DATE OF DEATH TYRE OR RRINTI **JOHN** FRANCIS ROWAN JR. APRTI. 7. 1985 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR MARCH 7, 1912 MALE WHITE IN MIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ERIE, PENNSYLVANNIA U.S.A. WIDOWED BALTIMORE COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYRE OF WORK FOR MOST OF WORKING LIFE! V.A.M.C., FORT HOWARD, MARYLAND FORT HOWARD RETIRED NAVY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 11 LEE DRIVE -MARYLAND ANNE ARUNDEL ANNAPOLIS 4 FATHER'S NAME MIDDLE LAST ELIZABET JOHN FRANCIS ROWAN IN U.S. ARMED FORCES? In WAS DECEASED EVER 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES GIVE WAR OR DATES) (YES. NO OR UNKNOWN) CLINICAL RECORD, VAMC, FORT HOWARD, MARYLAND 579 38 9424 YES WW II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION DIABETES MELLITUS 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO Ö 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) STREET NOT WHILE 22a.1 certify that (I) (this hospitol) attended the deceased from FEBRUARY APRTI saw the deceased alive an APRIL 7 85 above, (1) (we) (did) (did not) view the body after death 176 SIGNAT DEGREE ATTENDING MEDICAL STAFF ould be detailed

4 YEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 706. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED 4/7/85 DIRECTOR PHYSICIAN X PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS VAMC, FORT HOWARD, MARYLAND 21052 MARCIA KANE M.D.23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Donner 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

DAYS

4:59 PM

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT

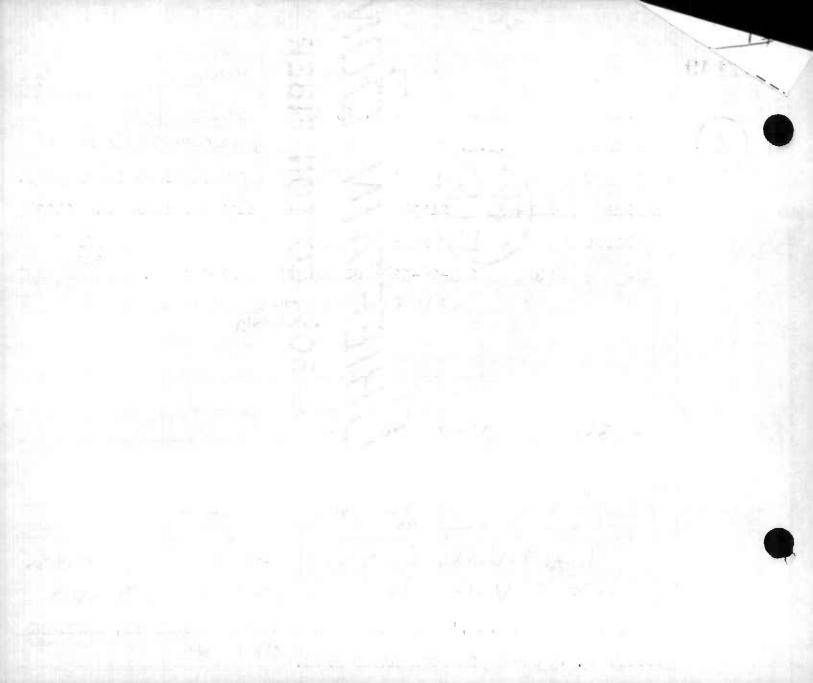
BP

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

STATE OF MARYLAN	
DEPARTMENT OF HEALTH AND ME	NTAL HYGIEN
CERTIFICATE OF DEA	ATH

1	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
	(TYPE	OR PRINT) JOSEPH	C	MIDDLE	Ru	PPERT	APRIL	14,10	985	5 A M			
Ì	3. SEX	(	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	FUNDER LYEAR	HOURS MIN.			
		MALE	WHIT	E	OCT	-	54	YRS	DIVING DATE	ALIVE.			
	70 BIF	RTHPLACE I STATE OR FOREIGN	110 - 100 - 10	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH				
9		MARYLAND	U.S.	Δ.	WIDOW		BALTIM	ORE 1	COUI	VTY MD.			
4		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF BUSINESS OR					
5	71	DWSON	SIF NOT IN SUC	55EF	HESS) H	OSPITAL	ACCOUNT		LOCA				
1	USUA	AL RESIDENCE (IF NURSING HOME OF							120021	2 40111			
2	130. S		IMORE	13c. CITY OR TOW 2123		YES NO X	1132 HAL	STEAD	RD.	21234			
1		THER'S NAME	THORE	212)	T	15 MOTHER'S MAIDEN NAM		DIUM	1117	22277			
7		CLIFFORD	MIDDLE	RUPPE	mor	AGNES	WIDDLE		T.E	PKE			
+	16a W		MED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDR	ESS		214			
			VE WAR OR DATES)	27 5 2/1	3241	JOSEPH DiB	ASTT.TO282	T F NO					
						IOODELII DIDI	HOTHIOZOZ	T T. • 144		XIMATE INTERVAL ONSET AND DEATH			
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE			REN	ABDOMINAL	L AURT	10	BETWEEN	ONSET AND DEATH			
		IMMEDIA	TE CAUSE (a)	i Dr.	100 ()	AMEURY							
			DUE TO, O	R AS A CONSEQUE	ENCE OF	HMEGIET	21.1						
		Conditions, if ony, which gove rise to immediate	(b)_		-								
		couse (o), stoting the underlying cause lost	DUE TO, O	R AS A CONSEQUE	ENCE OF								
			( (c)										
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADITION GIVE	N IN PART I	10			
	CERTIFICATION	190 DATE OF OPERATION	TIGH COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20h IF YES	WERE FIND	INGSTISED			
1	FICA	/ 2 / -	-			RYS 1-1		IN CERTIFY	ING CAUSE	S OF DEATH?			
Ц	RTI	4/13/85	7 216 TIME C		(LCEPT	21c. HOW INJURY OCCURE	YES NO	YES		NO 🗆			
		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH D	AY YEAR	THE HOW INJURY OCCUR	(ED (ENTER NATURE OF IN)	JRY IN HEM 18 PA	RELORPAREZ				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	Μ.	19	The secretary							
	MED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE			
		AT WORK AT WORK			30/	1	11/11		-				
		22a 1 certify that (I) (this hosp		ne deceased from	35/1	3/85 19	10 47 14		9_5	, that (I) (we) last			
		saw the deceased alive or above, (1) (we) (did) (did no			52	nd that in (my) (aur) apinion (	death occurred on the o	lote and hour					
		226. SIGNATURE	- 11	00 /		DEGREE ATTENDING	MEDICAL STA	AFF	22c DATI	E SIGNED			
	77	40-VE	1. 12	Illa J	. 17	( - L . PHYSICIAN	DIRECTOR   PHYS		4	14/85			
		22d PHYSICIAN'S NAME (TYPE			4	22e ADDRESS							
		LOVE !	· AII	LLA.	. 512	1600 00	2056 DISU	)E "	TUW	SON			
	23a B	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COLINITY	STATE			
	-	BURIAL	APR.1	6, '85 S	ACRE	D HEARTOF J		TIMOR		RYLAND			
	24 FL	UNERALDIRECTOR				25a DAI		R 256 REGISTE					
	WT	LLTAM E. JOH	INSON85	21 LOCH	RAV	EN BLVD AF	K 1 0 1982	:/					

24 FUNERAL DIRECTOR
NAME
WILLIAM E DHMH - 16 60M 7/84 LOCH JOHNSON8521 (VRA 15, 4)



	1		FOR			DEBART	STATE MENT OF H	OF MARY		W CIEN		0	3	2		
4.0	0000	11-	STATE REGISTRAR		MI		EXAMINE				_	REG.	NO			
12	0902	1. DE	CEASED NAM	E FIRST		WIDDLE		LAST	THE STATE OF THE S		2a. DATE	KNOWN		DAY	YEAR	26 HOUR
	1. 8. 5. 8. E.	(TYP	E OR PRINT)	Ruth	Lo	ouise		Russ	ell.		OF DEATH	ESII.	4	20	1985	. M
	PEA FILE TREE	3 SE)	(	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS	IF UNDER 1	YR. IF UNDE	R 24 HRS.	2c. DATE	CED.	MONTH	DAY	YEAR	26 HOUR
	PNS NS	F	emale	Black	2 1	1901	84 YRS	MONTHS DA	AYS HOURS	MIN	PRONOUN DE AD	CED	4	20	1985	6:34
2	RAL KAL		RTHPLACE (S	TATE OR	76 CITIZEN OF V	VHAT COU	NTRY? 8	MARRIED [	NEVER MAR	RIED X	9 BALTIM	ORE CITY	OR COUN	ITY OF C	DEATH	
	DANCE STATE	M	aryland		U. S.	Α.	,	VIDOWED [		CED			e Cour			MD
	AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. THED, WITHIN 72 HOURS ON WARRETON STREET.	10/C1	TY OR TOWN	OF DEATH	11. NAME OF HO			OR OTHER INS	STITUTION		JAL OCCUP		TYPE OF WORK	12b KII	ND OF BUI	SINESS Y
	DELAY TO THE		Randall		Baltim	ore C	ounty G	eneral	Hospit	al Re	t. Te	achei	r		to. C	
21201	. (7) - (1)	13a. \$		13b COUP	OR OTHER INSTITUTION, O	13c CITY	ORTOWN		ISIDE CITY LIMITS?	13e. STR	EET ADDRE	ss121:	3 Wild	oowt	d Par	kway
.21	AND	-	aryland			Bal	timore		NO [		timor	e, Ma	arylar	nd 2	1229	
WD.	- War	1	THER'S NAMI		MIDDLE		LAST		OTHER'S MAI		MI	IDDIE			LAST	
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	SHO SHO		SIGNATURE	4	0.5		J	M.D.AC	LING C	TITOMED	ICAL EXAM	INER	SIGN	ED	4/21	.7.03
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07/84	BP	-	SPECIFY)	Burial	4/24 /19	985 Ar	butus M	emorial	l Park	CITY	OKTOWN	Bal	timore		aryla	ind
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	(VR A15 ME (5))	Fu	neral H	Home, Inc	. Baltimo	ore, M	laryland	21216	API	R 23	1985	0 -	raunds	DV-NO	Market	• 5

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20M 4/82

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

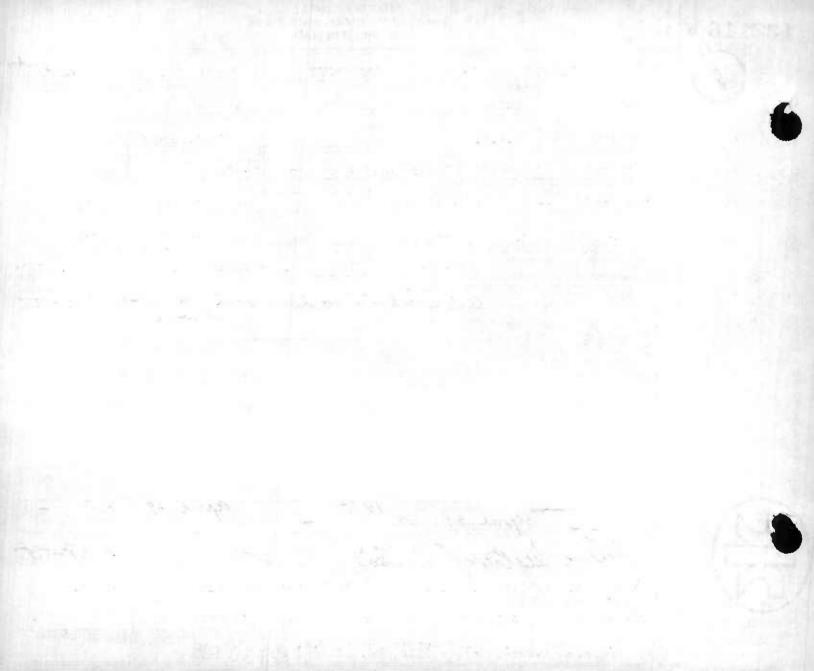
							REG. NO.		
0052	1. DE	CEASED NAME	s. Nellie	MIDDLE I Day I ou		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HC	OUR
960	3. SE		4. RACE	L. Kylai	5. DATE C	E RIPTH	April 2 198	IF UNDER LYEAR IF UND	FR 241
2.5		Female		Caucasian  7b CITIZEN OF WHAT COUNTRY?  U.S.A.  NAME OF HOSPITAL, NURSING HOME (RENOT IN SUCHEACILITY, GIVE STREET ADDRESS)  Meridian Nursing Home		ember 12 1897	87	MONTHS DAYS HOURS	
130	-	IRTHPLACE (STATE ORF				D NEVER MARRIED DOWN DIVORCED DOWN OTHER INSTITUTION	9 BALTIMORE CITY OR COUN		DEATH
149		Maryland					Baltimore County		,
190	1	ITY OR TOWN OF DEA Randallstown	Merio				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) 126 KIND OF BUSIN	26 KIND OF BUSINESS NDUSTRY
13	130	AL RESIDENCE HE NURS STATE Maryland	TO COUNTY	13c. CITY OR TOV Baltim	WN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO 4211 Oakford Av	enue 2	121
1:20		ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST	
COL	_	Michael Paul				Bridget Staken		21221	
S Page	112	MAS DECEASED EVER I S NO OR UNKNOWN]	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)					Baltimore Maryla	
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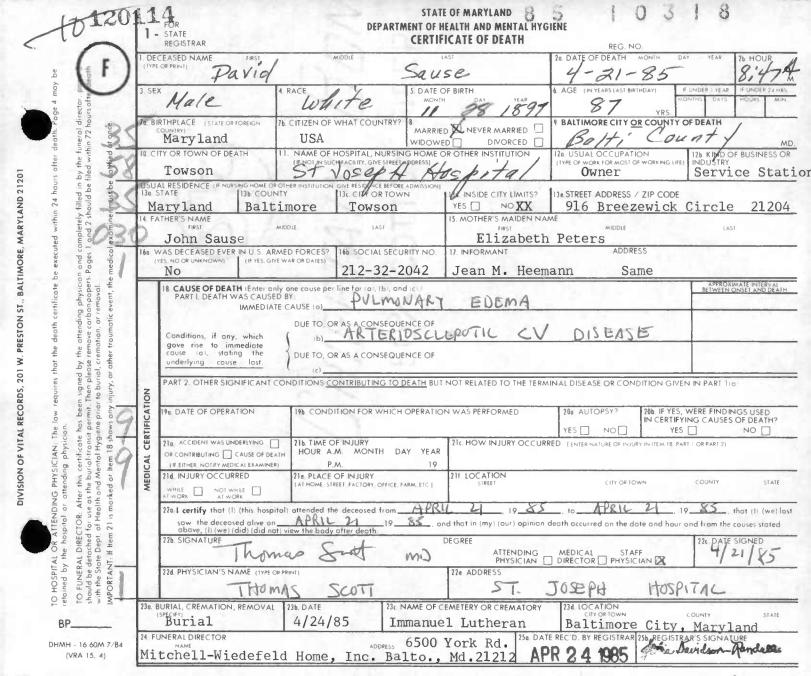
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
O HOSPITAL OR ATTEN	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Frage 4: etained by the hospital or attending physician.	7 800
TO FUNERAL DIRECTOR should be detached for a with the State Dept. of H	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compitative filled in by the functor described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled entirity? I have a she burial, the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	1

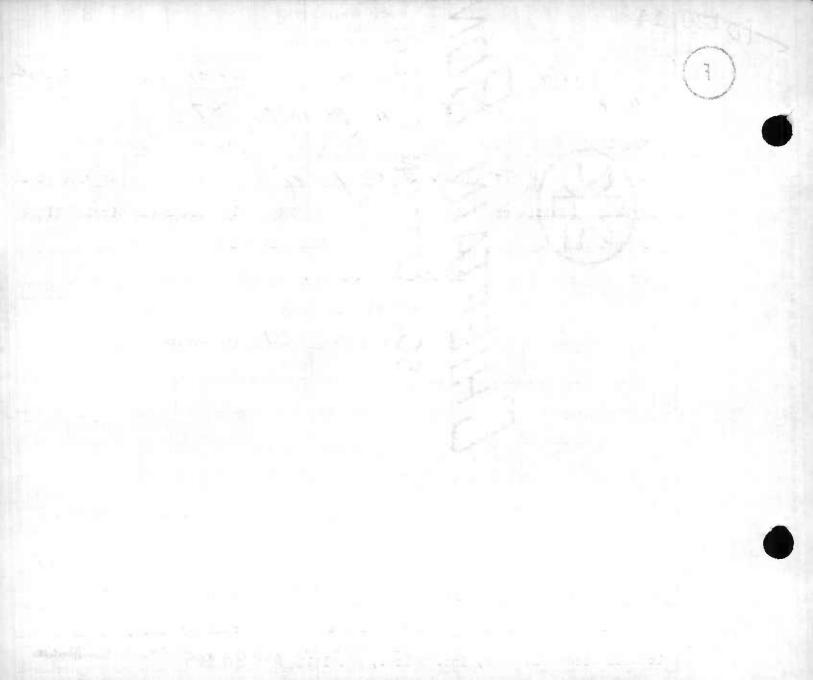
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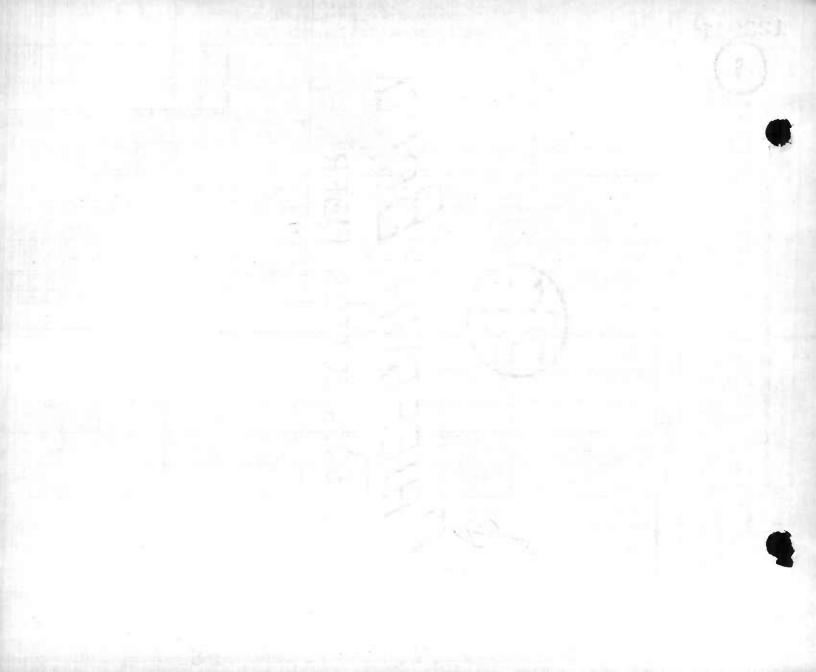
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 4103 2a. DATE OF DEATH 1. DECEASED NAME 7h HOUR (TYPE OR PRINT) Alice 20 85 Sandidge 4:10p. M. 5. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR 14 18 66 Female Black 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore County Virginia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 19 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC 6701 N. Charles St. Towson USUAL RESIDENCE, IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21204 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore YES T 300 A Henderickson Lane Maryland Towson 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRS? MIDDLE LAST MIDDLE FIRST N/A 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** LYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-16-2280 Doris Anderson 1044 Reverdy Road NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: cardiopulmonary arrest IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF (b) endometrial carcinoma metastatic vear Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 4/20 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated 226 SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN Md. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GBMC Rosella D. Smith 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Md. BURTAL 4/26/85 Md. Veteran Cem. Crownsville, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 C. MATCH F.H. HOLE





4.0	1		FOR		D	STATE STATE OF I		ARYLAND, AND MENDAL H	GIENE   0	3 1	9	
1/4	3041		STATE REGISTRAR		MED	DICAL EXAMIN	ER'S C	<b>ERTIFICATE O</b>	F DEATH REG.	NO.		
1	6.2		CEASED NAME E OR PRINT)	FIRST	n Gu	MIDDLE		AST	20. DATE KNOWN OF ESTI- DEATH MATED	X) MONTH	DAY YEAR	26 HOUR
1	STREET	3. SEX		Herma white	5. DATE OF BIRTH	6. AGE (IN YE.	ARS IF UN	YOR DER 1 YR IF UNDER		MONTH	27/19 85 DAY YEAR	12:40
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MD. 21201	ANY DELA AND 3 TO RETAIN PA FOULD BE	13a. S	L RESIDENCE (IF H	N NURSING HOME O	R OTHER INSTITUTION, GIV	ERESIDENCE BEFORE ADMISSK 13 CITY OR TOWN RELSTERS	INC	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 246 Highme	adow	Rd. 21	136
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CAMINE FRIFICA D BE FO WITH THE			death resulted t		ol causes	Accident , Su	icide X	Homicide ,	Undetermined monner	].	7111011	
	TO MEDICAL EXAMINER: XECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE S BALTMORE, MARYLAND,	/	ACTUAL SIGNATURE			2	м	,	T MEDICAL EXAMINER	DATE SIGNE	4/28/	85
	TO MEI EXECU- PAGE 1 TO FUI AFTER I	23a. B	EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIO	N, REMOVAL 2	3b. DATE	auffman, M. 23c. NAME OF CEA	AETERY O	CREMATORY	11 Penn St.	5011	NTV CI	AVE
07/84 25M	BP		DURIL DIRECTO	R	4/30/85			Cemetery 250. DATER	Westminste EC'D. BY REGISTRAR 256 RE			d.
	(VR A15 ME (5))	3	line Fu	neral.	Home Rei	sterstown	, Md.	App	TO 300E	Janda	The state of	5_



3	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2. 0
108091		ANNIE	SCHEININ	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
f. 1	3. SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 10 11	Female	white	3 10 1899	8 6 YRS.	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  RUSSIC	76. CITIZEN OF WHAT COUNTRY	/? 8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Baltimore City or Count	COLO A Y MD.
1 4 66	10. CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS)	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR INDUSTRY
1 祖 4	Randalls town	Baltimore C	DEALLY GAN HOSP	HOUSEWIFE	AT HOME
Med of the		E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 136. CITY OR TO		130. STREET ADDRESS	21208
1 1000	14. FATHER'S NAME FIRST	MIDOLE LAST	15. MOTHER'S MAIDEN N.	WIDOLE	LAST
1 600	JOSEPH  160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SEC			SOKOLOW
Poper		GIVE WAR OR DATES) 214-03	-3258 D 3410 DEEP W	RS. BERTHADILUDO ILLOW AVE. BAL	TO., MD 21208
rtificate by physician papers. emavol.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only ane cause per line for (a), (b), (s) SED BY:  NATE CAUSE (a) LACES C. LA	and (ch)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce ortending nove carbi troumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQ	UENCE OF	la norman	
by the of by the of se remov , cremath	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ			
ires th gned b en plea burial, ny, or o		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
has been si permit. The ene prior to	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		3-S-C-U-O;	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ZES NO 1
PHYSICIAN, The trending physicion or this certificate he buriol-transit and Mental Hygies and Mental Hygies ded or item 18 should be the second mental Hygies and Mental Hygie	OR COLUMNIA CALLER OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2}
G PHYSI offending for this co	THE EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDING Pipital or otter to	220.1 certify that (i) (this h	on $H = II$ 19 Inat) view the body after death.	C- E	n death accurred on the date and ha	, 1955, that (i) (we) last our and from the couses stated
4 5 0 2 5	226 SIGNATURE	Clurcus 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-11-8-5
O HOSPITAL OR TO From the horozontal by the horozontal by the horozontal by the Store Depth with the Store Depth w	22d. PHYSICIAN'S NAME (T	Chinaus M		14 Gon Hosp	21/33
BP	230 BURIAL, CREMATION REMOTE BURIAL	APR. 11, 1985	LUBAWITZ NUSACH ARI	(NER TAMTD) ROS	EDATE BALTO. STATIMD
DHMH - 16 50M 4/B2 (VRA 15, 4)	NAME	LEVINSON & BROS. TOWN RD. BALTO.	250 DA	R 1 6 1985	GUIDA - HOTELS

The state of the s

## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DC	G	6.17	2

(TYPE	e or print)	line		Sche	enkel		Λ	13	85		
1 SE		4. RACE		5 DATE OF		6 AGE (IN YEAR	S LAST BIRTHDAY)		UNDER TYEAR	EAR IF UNDER 24 HR	
1,	Female	White	e	3 MONTH	9 1883	10	2 ,	RS.	THS DAYS	HOURS	MIN
7a. B	IRTHPLACE (STATE-OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE					
	Maryland	US		WIDOWED			imore (				A
V	iddle River	(IF NOT IN SUCH	HOSPITAL, NURSIN H FACILITY, GIVE STREET / Schenkel	ADDRESS)	21220	170 USUAL OC (TYPE OF WORK FO House	R MOST OF WORK		INDUSTRY Home		
130 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE	/N   1	13d: INSIDE CITY LIMITS? YES NO 🔀	13ª STREET AD	DRESS / ZIP ( chenkel	CODE	enue	2122	20
4 F/	ATHER'S NAME FIRST William	WIDDLE	Bierman		is mother's maiden na		Etta		Pet	ers	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-48-	-8018	Caroline Her	nigman 9	624 Sch	enke	el Av	e. 23	.22
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	R AS A CONSEQUE	ENCE OF	), com	*arte	الم الم	ein	_ se	ven	9.
HCATION	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO	entributing to the	DEATH BUT N	NOT RELATED TO THE TERM	20a AUTOPS	9Y? 20b.	IF YES, W		NGS USE	TH?
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  198 CONDITIONS CO  HOUR A.M	ONTRIBUTING TO DESCRIPTION FOR WHICH	DEATH BUT N	7	200 AUTOPS	Y?   20b.   IN C	IF YES, W ERTIFYIN YES [	VERE FINDI	a NGS USE	TH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTHET MEDICAL EXAMIN  21d. INJURY OCCURRED	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  196 CONDITIONS CO  HOUR A.M.  P.M.  71e. PLACE C	ONTRIBUTING TO DE LA CONTRIBUTING TO DE LA CONTRIBUTION FOR WHICH	DEATH BUT N COPERATION  AY YEAR  19	I WAS PERFORMED	ZOO AUTOPS YES NED (ENTER NATUR	Y?   20b.   IN C	IF YES, W ERTIFYIN YES [	VERE FINDI	NGS USE S OF DEA NO [	TH?
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  198 CONDITIONS CO  19	TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  BET, FACTORY, OFFICE, F	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC)	21c. HOW INJURY OCCUR 211 LOCATION STREET 4 that in (our) apinion	200 AUTOPS YES N RED (ENTER NATUR	Y? 20b. IN C	IF YES, WERTIFYIN YES [	IN PART 11  VERE FIND IN CAUSES  1 OR PART 2)  COUNTY	NGS USES OF DEA	TH?
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE O	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  196 CONDIT  196 CONDIT  ATHREO  AND  THOUR A.A.  P.A.  216. PLACE C  (AT HOME, STRI  DITIAL) attended the  SOLVING THE BODY.	TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  BET, FACTORY, OFFICE, F	DEATH BUT N OPERATION  AY YEAR 19 FARM ETC.)	211 LOCATION SIREE  4 that ir (our) apinion  GREE  ATTENDING PHYSIC (AN)	200 AUTOPS YES N RED (ENTER NATUR	Y? 20b. IN C	IF YES, WERTIFYIN YES [	IN PART 11  VERE FIND IN CAUSES  1 OR PART 2)  COUNTY	NGS USE S OF DEA NO [	TH?
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEVELOPMENT OF CONTRIBUTING AUSTRIAL EXAMINATION OR CONTRIBUTING AUSTRIAL EXAMINATION OF CONTRIBUTING AUSTRIAL EXAMINATION OF CONTRIBUTING AUSTRIAL EXAMINATION OF CONTRIBUTION OF CON	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  196 CONDIT  216 TIME OI HOUR A.P.  P.P.  218 PLACE C (AT HOME, STRI	TION FOR WHICH  FINJURY M. MONTH DA  M.  OF INJURY  et factory, office, f  et deceased from  fire death.	DEATH BUT N OPERATION  AY YEAR 19 FARM ETC.)	211. LOCATION SIREET  214 that in (our) apinion  GREE	Z00 AUTOPS YES N RED (ENTER NATUR  death accurred of	SY? 20b IN C	IF YES, WERTIFYIN YES [	IN PART 1:  VERE FINDI  G CAUSE:  1 OR PART 2)  COUNTY	NGS USE S OF DEA NO [	TH?
WEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  196 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  198 CONDITIONS CO  19	DITRIBUTING TO E  TION FOR WHICH  FINJURY M. MONTH DA  M. OF INJURY  GET, FACTORY, OFFICE, F  after death.  D  23c. N	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC.)	211 LOCATION STREET  ATTENDING PHYSICIAN  122 ADDRESS	Z00 AUTOPS YES N RED (ENTER NATUR  death accurred of	E OF INJURY IN ITE	FYES, WERTIFYIN YES [MAID PART	IN PART 1:  VERE FINDI  G CAUSE:  1 OR PART 2)  COUNTY	NGS USES OF DEANO [	TH?

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physican BP. DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

and love, 501 - 1 6031 Q Course Country and a second co Latin Hvar Spee community we. eller teachers and wanted the USAIR | surrey | Iskneys | pade | W MINTOL NO. 21 - 3-101- Coroline continue Concentral action Concentral ave. the same of the same of the 1910-1 com to the wife of the second Continued with your transfer Stille X and for front you got . at the state of the second section and the first second to the second

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOUSEWIFE AT HOME 130.STREET ADDRESS / ZIP CODE 3109 HATTON RD. 113d. INSIDE CITY LIMITS? #21208 15. MOTHER'S MAIDEN NAME ANDDER BESSIE **HYMAN** 17 INFORMANT MRS. MILDREDREGILMOR 3109 HATTON RD. 21209 BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEPSISE SHOCK & CARDIAC ARREST Chleroderlie Heart Russes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 2) seaso 20b. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE BURIAL APR.11,1985 CHIZUK AMUNO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. REGISTRAR 256 REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

2b. HOUR

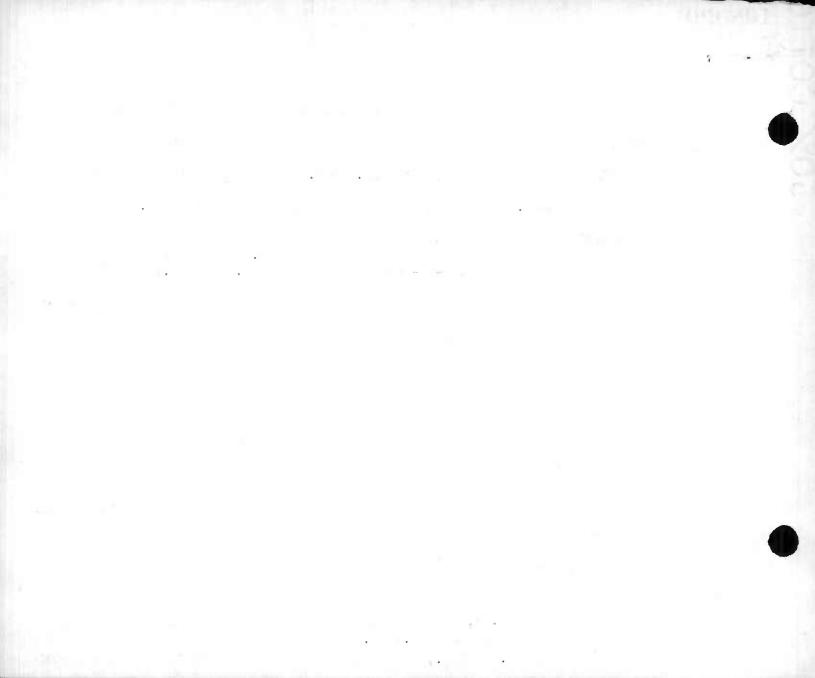
IF UNDER 24 HRS.

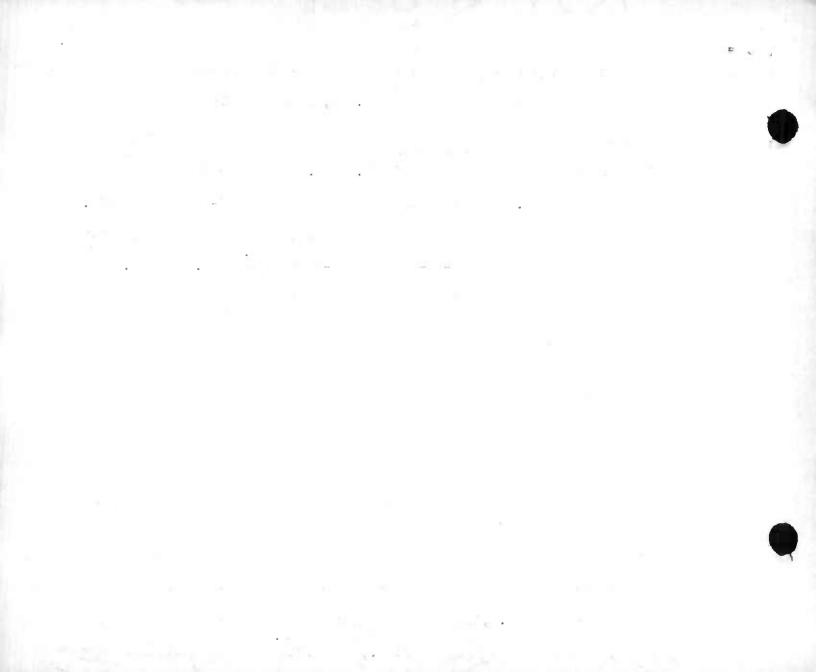
IF UNDER I YEAR

DHMH - 16 50M 4/83 (VRA 15, 4)

108030

FOR 1 - STATE





FOR

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc.

DHMH - 16 50M 4/83

(VRA 15, 4)

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6500 York Rd.

Balto. Md. 2121

20 DATE OF DEATH

7h HOUR

12h, KIND OF BUSINESS OR

Police

IF UNDER I YEAR

INDUSTRY

20 AM

21204

NO [

STATE

YES [

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

a Barreson

22c DATE SIGNED

Miles Differ and the second se AND THE RESIDENCE OF THE PARTY OF THE PARTY

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED PRAME 28 DATE OF DEATH MONTH 7b HOUR **NATHAN** SCHOCHET APRIL 16, 1985 10:35 4 1 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR WHITE MALE FEB. 6, 1916 69 BALTIMORE CITY OR COUNTY OF DEATH A MINTHELACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED **IISA** BALTIMORE COUNTY MARYLAND DIVORCED WIDOWEDE 10\_ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SELF-EMPLOYED REAL ESTATE BALTIMORE 6801 DARWOOD DR. DEFICE \* NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 6801 DARWOOD DR. #21209 MARYLAND BALTO. BALTIMORE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDIE MILLER ANNIE SCHOCHET JOSEPH 17 INFORMANT MRS. SILVIA SCHOCHET 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO HE YES GIVE WAR OR DATES! MD 21209 6801 DARWOOD DR. BALTO. . YES WWII-ARMY 218-28-0056 III. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ice with cerebrol metastases 3 month ( man oma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG IFICATION wellifier 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that Mithis haspital) attended the deceased from and that in (my) (our) apinion death occurred an the date and havr and fram the causes stated above, (1) (we) (did) (did no new the body after death 226. SIGNATURE DEGRE MEDICAL ATTENDING we domar PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 6715 PARK HTS. AVE. BALTO., MD H. RONALD FRIEDMAN, M.D. 23d LOCATION BALTY MORE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY BURIAL APR.18,1985

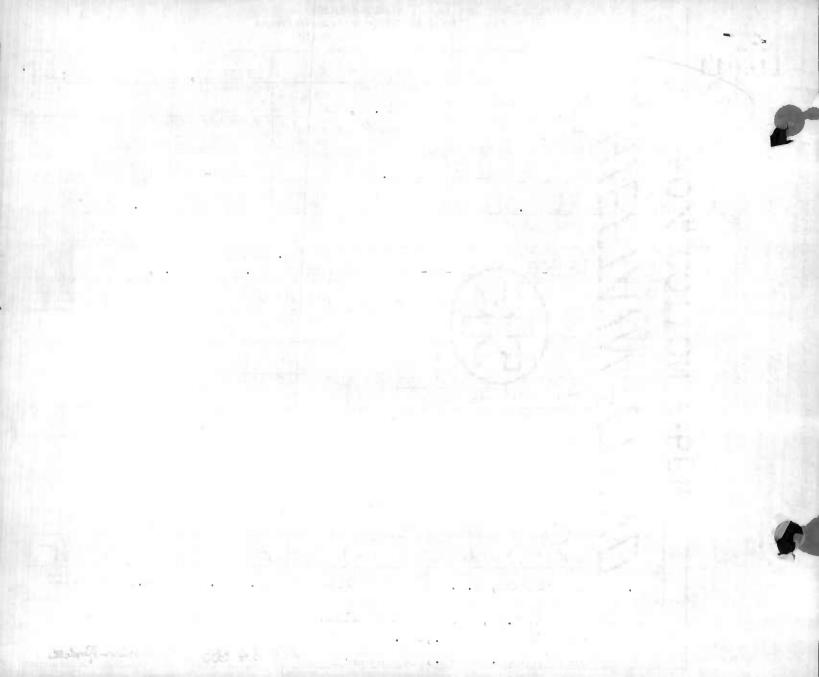
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO.. MD

WORKMEN CIRCLE

21215

COUNTY MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE And the state of t

igood --- Drumm Drumm (525 King d.-Ballo, Td. (525 King d.-Ballo))

Further Apr. 5, 1965-Holy (enhance Committee, addition, ad. Joseph Committee, addition, ad. Joseph Rd. Joseph Rd.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D, BY REGISTRAR 258, REGISTRAR'S SIGNATURE

REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.				
I. DECEASED NAME	FIRST		WIDDLE	l	AST		2a DATE OF DE	ATH MONT	H DAY	YEAR	26 HOL	JR L E D
	Cecel	ia	Mary	Schu	macher		April	13.	198	5	5:	42P
3 SEX		4 RACE		S. DATE C			6 AGE LINYEARS	LAST BIRTHDAY		DER 1 YEAR	IF UNDER	124 HRS
Fema	le	Whi	ite	Mar	ch 7.	1908	77		YRS.	HS DAYS	HOURS	MIN.
TO BIRTHPLACE IST	ATE OR FOREIGN	76 CITIZEN C	OF WHAT COUNT	RY? 8.			9 BALTIMORE			DEATH		
Balto. CI	rty.Md.	U.S.	A .	WIDOWE	D NEVER MA	DRCED	Balti	more	Cour	atu.		MD
10. CITY OR TOWN		11. NAME C		SING HOME	R OTHER INSTIT		120 USUAL OCC	UPATION		26. KIND O	MATSINI	_
Catonsu	ille		SUCH FACILITY, GIVE ST				Houseu	i for	NII T	SO C	Omn	ani
USUAL RESIDENCE				FORE ADMISSION)						36 0	Onco	2110
Md.	Bal	timor	e Cato	nsvill	13d. INSIDE CIT	10 <b>20</b>	1000			2110	-21	228
14 FATHER'S NAME					15. MOTHER'S		ME					
Nicho		T	Lauman	n.	Anni	e M.	M	IDDLE	Hol	ltzn		
60 WAS DECEASED				ECURITY NO.	17. INFORMAN		onsvill	ADDRESS				
TAES NO OPPINKNO	WN) (IF YES, GIV	E WAR OR DATES	265-8	6-1200	A-Mrs.		el L. W					A 22
	DEATH	1	-		11700	20100	C D. II	acme	1 -100	LARRA		RVAL
PART I. DE	ATH WAS CAUSE	Ď BY:	per line for 101, (b)	h 211	. m. 14	1 Per	an the	Eion	0	BETWEEN C	A . On	DEATH
	IMMEDIA1	E CAUSE (0)		1 /coc	mount	g pro	There	aru	4	es (	Wec,	100
		DUE TO	OR AS A CONSE	OUFNEE OF	1 . 600	00 1	41.		144	100	0	
	f any, which immediate	(b)		Carre	NOW	209	The LU	25		1.90	ear	
couse (o),	stoting the	DUE TO	OR AS A CONSE	OUENCE OF		(						
underlying	couse last	(c).										
PART 2 OTHE	RSIGNIFICANT	ONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE O	R CONDITIO	N GIVEN IN	PART 10	3	
NO 190. DATE OF C												
S 19a. DATE OF C	PERATION	196 CO1	NDITION FOR WH	ICH OPERATIO	N WAS PERFOR	MED	20a AUJOPS	72 20b.	IF YES, WE	RE FINDING	OF DEAT	LH5 D
TIE .							YES N	0	YES [		NO [	
21a. ACCIDENT V	-	1100.00	E OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY IN IT	EM 18 PART I	OR PART 2)		
OR CONTRIBUTION	G CAUSE OF DEA	IH.	P.M.	19								
(IF EITHER NOTE		21e. PLAC	CE OF INJURY		211 LOCATION							
WHILE AT WORK	NOT WHILE	(AT HOME	STREET, FACTORY, OFF	ICE, FARM, ETC )	STREET		CI	TY OR TOWN		COUNTY	3	STATE
		tol) attended	the deceased fro	7	7/23	10 86	1 4	1/3	10 8	3/-	that (1) (	wa) last
sow the d	eceased alive on	4	16	0 4	id that in (my) (a	ur) opinion d	death occurred or	the date or	nd hour and			.,
226. SIGNATU	(we) (did) (did no	t) view the bo	dy ofter death.		DEGREE					22c DATE S		
110.0.0.4.10	le le	0///	16000	0	AT	ENDINO	MEDICAL _	STAFF		411	10	-
22d. PHYSICIAN	N'S NAME ITYPE O	41	yerren	7	PH 22e ADDRESS	YSICIAN C	DIRECTOR	PHYSICIAN (		4/15	10	1
M. PHISICIAN	11V 1	11	.~	42	1 A 1/	7 7	Talani	· Ma	Ralfin	. 100	n 71	228
///	ANJI	MILLE		4	104	1 -t	nglesia	700	Dalyn	100 m	1 61	
230. BURIAL, CREMA	TION REMOVAL	23b. DATE	7/05	3c. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATIC	OWN, -	EOL	ZINI		TATE
Crei	nation	4/1	1/82	souaon	rark	cemet	ery-Ba	ltimo	ore,	Mary	ylar	ıd

DHMH - 16 60M 7/84

and Mental Hygiene prior to burial, cr

TENDING PHYSICIAN: The law

IMPORTANT: If them 21 is marked as them 18 shaws any

736 Edmondson Ave.; Catonsville, Md. 21228.

should be detached for use as TO FUNERAL DIRECTOR:

(VRA 15, 4)

TO LOUGH

Crewition, 27 H. Lewis and E. Stateman and Crewiting and Company of the Company o

BP\_

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI	REG. NO		
	1. DECEASED NAME FIRST	WIDDLE	ı	AST		AONTH DAY YEAR	2b HOUR
H	(TYPE OR PRINT) MILI	IE	SCHWA	ARTZ		04/08/85	9:48P M
П	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER I YEAR	R IF UNDER 24 HRS
	FEMALE	WHITE	AUG	. 9, 1932 YEAR	52	YRS.	HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	0110 0	XXNEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
/	MARYLAND	USA	WIDOWE		BALTIMORE	COUNTY	MD.
2	TOWSON	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST GBMC6701 N.	Charela		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	HOME
)	USUAL RESIDENCE (# NURSING HOME OR 130 STATE 13b COUN MARYLAND BA	OTHER INSTITUTION, GIVE RESIDENCE BE UTY 134. CITY OR T LTIMORE BAL'	FORE ADMISSION) OWN TIMORE	YES NO X		ZIP CODE ST GREEN RD	. #21209
0	T 70 00 0 0 0 0 0	MIDDLE LAST	INBLATT	15. MOTHER'S MAIDEN NAM FIRST GERTRU	WIOOLE	SIB	AST ELL
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO	17 INFORMANT MR	. MILTONPOSE	HWARTZ	
4	(YES NO OR UNKNOWN) (IF YES, GIV	219-28	-4603	2428 FOREST	GREEN RD.	BALTO.,	MD 21209
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 190. DATE OF OPERATION 190. ACCIDENT WAS UNDERLYING 190. ACCIDENT WAS UNDERLYING 190. TO STATE OF OPERATION 190. DATE OF OPERATION	DUE TO, OR AS A CONSE	OUENCE OF			ITION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
4	AT L			Tax via	YES NO	YES 🗌	но 🗆
		HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)URY	IN ITEM 18 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	220.1 certify that (1) (this haspi sow the deceased alive on above, (1) (web)(did) (did no	tol) ottended the deceosed from 4/8/	0.5	, 19 85 nd that in (my) (our) opinion d	, to4/8 leath occurred on the dat	19 <u>85</u> te and hour and from th	, that (I) (we) lost e couses stated
	226. SIGNATURE	k		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF		E SIGNED
1	22d. PHYSICIAN'S NAME (TYPE C	/					
_	Carol Ritte				1 N. Charle	s St.	
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	,	SHAARE	EMETERY OR CREMATORY I TFILOH	23d LOCATION CITY BALTIN		ARYLAND
		LEVINSON & BROS		I A D I	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA	TURE
	6010 REISTERST	OWN RD. BALTO	• MD	21215   ALL	1 6 1985 #	Mich bring town	

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Unial (11 Mary 12 Mary 12 Mary 13 Mary

OR TOWN

25a. DATE REC'D.

COUNTY

REGISTRAR 756 REGISTRAR'S SIGNATURE

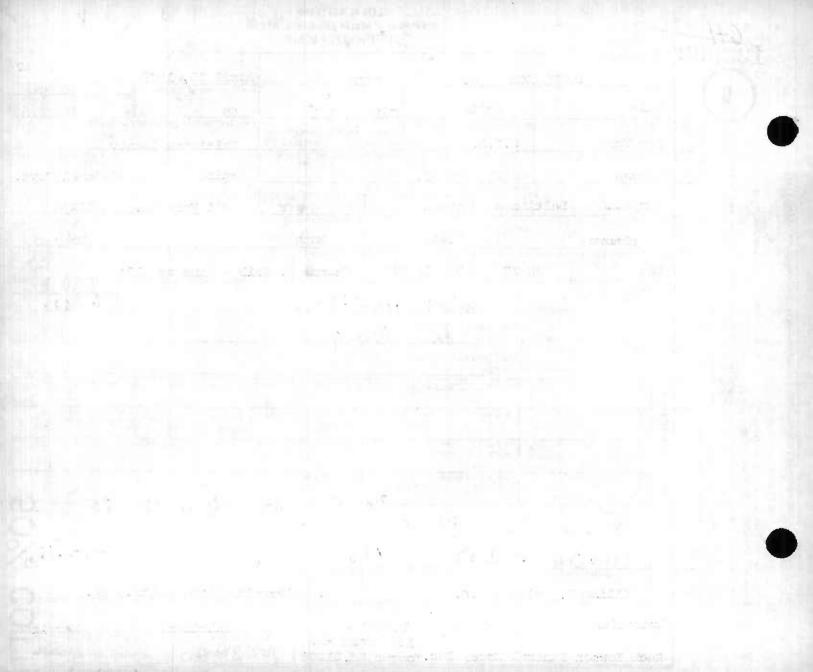
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DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIREC

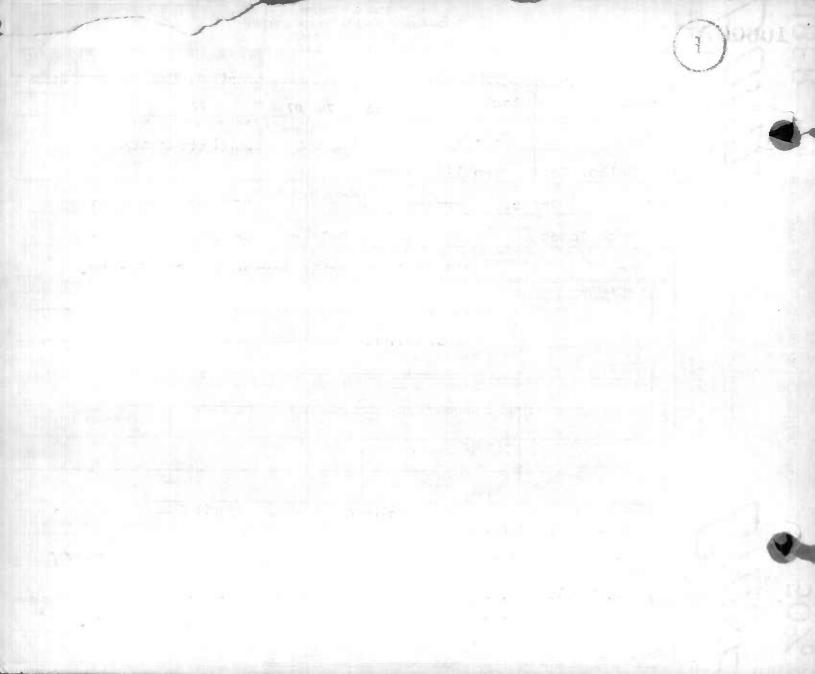
CONNELL



(VRA 15, 4)



Pennie SEMARD    S DATE OF BIRTH   MODITION   STATE	6007	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	REG. NO.					
Sex   Black   Sex   Se	a m (			FIRST	MIDI	DLE	L.	AST	,	2d. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
PEMBLE Black    Passitherace (state defolios)   Discription of What Country   Passitherace (state defolios)   Discription of Wilder   Discription of W	1 84			Pennie			I a a como a						3:25
Special Security   Special Sec	or Ale						MONTH 12 26 07				MC		
Balto. Co.    In the property of the property	S S S S S S S S S S S S S S S S S S S			FOREIGN 7								NTY OF DEATH	
USUAL RESIDENCE (# MASHEDENCE (# MASHED CHORE OTHER RETURN CONTROL   134 COLDET   1	s ofter o	10. CI			1. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET Lin Sq	GHOME C ADDRESS) Uare	R OTHER INST	TITUTION	112a. USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS
BUCK JONES    BUCK JONES   SAME DECEASE PER U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   171 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   172 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   172 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   173 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   174 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   175 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   175 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   175 INFORMANT   186 SOCIAL SECURITY NO.   186 SOCIAL	24 hour filled in toolld be f	130 5	TATE	13b COUNT	TY 13	CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIM						
The continue of the continue		14 FA	#106 F	ones "	NDDLE	LAST			FIRST	ME MIDDLE			
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Seps:s  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  Gover rise to immediate course lost.  Conditions, or one of the course lost of the course lost.  Conditions of one of the course lost.  Conditions of the course lost.  Condition	5 0-		ES, NO OR UNKNOWN)		WAR OR DATES!			17 INFORMANT		ADDRESS			
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  Notify and the street of th	equires that the death n signed by the ottend. Then please remove co r to burial, cremation, o	TION	gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	DUE TO, OR A	Renal Fa	Lilure ENCE OF DEATH BUT						
OF CONTRIBUTING CAUSE OF DEATH  OF COUNTRY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. Location  STREET  CITY OR TOWN  COUNTY  STREET  CITY OR TOWN  COUNTY  STREET  21d. Location  STREET  21d. Location  STREET  21d. Location  STREET  21d. Location  STREET  CITY OR TOWN  COUNTY  STREET  21d. Location  STREET  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. HOME, STREET  21d. HOME, STREET  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC)  21d. HOME, STREET  21d. HOME	he lo						OPERATIO			YES NO	IN CERTIFY YES	ING CAUSES	
21d. INJURY OCCURRED  WHILE INDIVINIE INDIVINI	g physic gertificat riol-from antol Hyg		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M.			21c. HOW IN	JURY OCCURI	RED (ENTER NATURE ÓF INJ	URY IN ITEM 18 PAR	RT 1 OR PART ?)	
Sow the deceosed olive on April 19.85, and that in (any) (our) opinion death occurred on the date and hour and from the couses sto obove, (H (we) (did) (Job mor) AP helbody diter death  Sow the deceosed olive on April 19.85, and that in (any) (our) opinion death occurred on the date and hour and from the couses sto obove, (H (we) (did) (Job mor) AP helbody diter death  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN (M PHYS	this this and ward ward ward ward ward ward ward war		WHILE   NOT W	HILE [			ARM, ETC )			CHYORT	OWN	COUNTY	STA
R. Hamilton, M.D.  9000 Franklin Sq. Dr., 21237  R. Hamilton, M.D.  1336 BURIAL, CREMATION, REMOVAL 1335 DATE 1336 NAME OF CEMETERY OR CREMATORY 1336 LOCATION CITY OR TOWN MICH.  1357 BUrial 4/9/85 Arbutus Balto.  150 BURIAL, CREMATION, REMOVAL 1336 DATE 1336 NAME OF CEMETERY OR CREMATORY 1336 LOCATION CITY OR TOWN MICH.  151 BURIAL CREMATION, REMOVAL 1336 DATE 1336 NAME OF CEMETERY OR CREMATORY BALTO.	OR ATTEN he hospital DIRECTOR: oched for ug Dept. of He If Item 21 is		sow the deceosed olive on April 19 obove, (H (we) (did) (did not) ver helbody diter death  22b. SIGNATURE   A. Hamel				DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (A)					couses state	
BP 4/9/85 Arbutus Balto.	De Det &		R. Han	<u>nilton</u>	, M.D.			9000	<u>Frankli</u>		21237		
	0 = 0 = = =					100							



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

7

5. DATE OF BIRTH

MONTH

WIDOWED

Sharper

STATE OF MARYLAND

REG. NO 2a DATE OF DEATH MONTH 2h HOUR 8:00pm 4 - 11 - 856 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR 24 61 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVERMARRIED Baltimore county DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2835 Hillen Road 21218 NO [ 15 MOTHER'S MAIDEN NAME MIDDLE Julia

(IF YES GIVE WAR OR DATES) 250-28-5101 NO Willie Mae Magwood 5725 Denwood Ave. 18 CAUSE OF DEATH (Enter only one cause per lipe for rai, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IQ Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A SON SEGUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 196 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

YES X

17 INFORMANT

21d INJURY OCCURRED WHILE NOT WHILE 22a.1 certify that (1Xthis haspital) attended the deceased from\_\_\_

saw the deceased alive as 4-11 abave, X(we) (did) (AdApt. view the bady after death

Gracito PatricioM.D.

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

PM 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC I

4/18/85

HOUR A.M. MONTH DAY YEAR

21b. TIME OF INJURY

211 LOCATION 3-3

85 to.

ATTENDING

\_\_\_\_\_, and that in topy) (aur) opinion death accurred an the date and hour and from the causes stated

CITY OR TOWN

NOX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

MEDICAL

S . CATE

22r DATE SIGNED

NO F

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY

Church Cemetery

DEGREE

7620 York Road Towson MD Doveville. COUNTY

24 FUNERAL DIRECTOR

226 SIGNATURE

- STATE

(TYPE OR PRINT)

Ellen 3. SEX

To BIRTHPLACE

COUNTRY

Towson

14 FATHER'S NAME

Maryland

Henry

13g. STATE

REGISTRAR

James

(STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Male

S. Carolina

ILL CITY OR TOWN OF DEATH

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

COUNTY

Black

U.S.A.

TE CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

St Joseph Hospital

Sharper 166 SOCIAL SECURITY NO

13c CITY OR TOWN

Baltimore

DECEASED NAME

108011

Wm C<sup>ME</sup> March F/H Inc. 1101 ODDRESS North Avenue APR 1.5 1085

DHMH - 16 60M 7/B4 (VRA 15, 4)

Totoo		K U 338	211	Harry	5,	harrer	4	6 85 2 PM
6 6	3 SE		I BACE	hite	S. DATE C	OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
P 200		Male.		a 5/00	MONTH	- 27 - 10	75 YRS.	MONTHS DATS HOURS MIN.
1 1 1 m		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 19 42		MD	125	5 A	WIDOWE	DIVORCED	Baltimore	County MD
1 11 (1/	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
20 14 12	020	60120N	Molli	Medica	INM	. Center	Electriciar	Electrical
021		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		130 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
NA I THE	IA E	MD Da	Homore	Lotte	rille	YES NO D	20 E. Sem	nary Ave,
AR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	FIRST	WIDDLE	LAST		FIRST	MIDDLE	Roller
W. S. S.	16n \	Harry F WAS DECEASED EVER IN U.S. A	rancis	Sharr 166 SOCIAL SECU		Mamie 17 INFORMANT	Virginia	Roller
MOR Sand			IVE WAR OR DATES)	215-07-			Gill, 20 E. Sem	inary Ave
ALTI	H	IN CAUSE OF DEATH Follow	anly one cours per			Everyn D. C	21093	APPROXIMATE INTERVAL BITWEEN ONSET AND DEATH
Physical Residence of the control of		PART I. DEATH WAS CAUS	ED BY:	Respir	A	Arrest	21073	HATWEEN ONSET AND DEATH
ding or mo		MMEDIE		RAS A CONSEQUE	NICEOE	10		
PRESTO ne death ne offend emove ca mation, or reaumon		Conditions, if any, which	(6)	Linnie	Ohs	lustre lu la	my Pusao	yeur,
the the remo		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF			
ol W d by leose iol, c		underlying couse last	(c)					
os, 2	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TORM	INAL DISEASE OR CONDITION G	VEN IN PART 110
RECORD  law requires so been s ermit. The e prior to	ATIO	190 DATE OF OPERATION	Comes 18	TION FOR WHICH	OPERATIO	N WAS PERFORMED	1200 AUTOPSY? 120b. IF YE	ES, WERE FINDINGS USED
L REC	FICATI	a/)0		Λ	1 / 1	THE STEM GIVIED	IM CERT	IFYING CAUSES OF DEATH?
Vita Sicretary S	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME O		12	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	
OF ICLAR		OR CONTRIBUTING CAUSE OF DE	EATH	M. MONTH	YEAR 19	Nh		
HYS ndin his c bur d Me	MEDICAL	214 INJURY OCCURRED	21e PLACE (			211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF ING PHYSICIA of the this certification of the buriol-th ond Mental orked or Item?	>	AT WORK AT WORK	(ALHOME, SIR	N	ARM, ETC }	NV		
N N N N N N N N N N N N N N N N N N N		22a I certify that (1) (this hosp		deceosed fam		19 5	10 goe	, 19, that (I) (we) last
ATTE OSPITE OSPI		saw the deceased all a o obave, (I) (we) (did aid n	view the bady	after death			death occurred on the date and ho	
OR he he he boche oche		22b. SIGNATUR	11	10		DEGREE ATTENDING	MEDICAL STAFF	IN DATE SIGNED
PITAL by 1 by 1 by 1 ERAL Store	1	22d PHYSICIANS NAME THE	Lune /	more		PHYSICIAN D	DIRECTOR   PHYSICIAN	1/6/41
HOSPIT, ined by FUNER, uld be d on the Sta		0./ 1/1	1	IT.	»(. ·	CHILLET	IN 100 PL	R.11 121206
Show show	220	RUPLAL CREMATION REMOVAL	ONSO	1 3 1/2	VOTIC	TILOLIS	War tun fu	MIMME

Russell

FOR - STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

Sharrer

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Martin D. Lawson, 10 W. Padonia Rd.

4/9/85

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Balto.

Pikes ville

REG. NO

MONTH

26 HOUR

Md.

2a DATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	CEASED NAME FIRST		MIDDLE		LAST		MONTH DA	AY YEAR	26. HOUR		
{ TYP	Mr. St	uart H.	Sherlac	h		April 5	1985				
3. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDEP 24 HRS		
Me	le	Caucasia	an	Febr	uary 5 1898 YEAR	87	YRS.	UNIHS: DATS	HOURS* MIN		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9. BALTIMORE CITY C					
Ne	w York	United :		WIDOW	ED DIVORCED	Baltimore Co	ounty	14.	MD		
	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET COUNTY G	ADDRESS)	OR OTHER INSTITUTION  Hospital	120. USUAL OCCUPATION OF COMMON COMMO		INDUSTRY	ts Drug		
13a		NE OR OTHER INSTITUTION DUNTY IMPORE	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Baltimore	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS . 2334 Noonhan			21207		
	ather's Name erman Sherlach	WIDDIE	LAST		15. MOTHER'S MAIDEN NA  Lottie Sherla			LAS	1		
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 Mes. Marian S	herlach ADDRE	SS		21207		
no		S. GIVE WAR OR DATES	077-28-01	199	2334 Noonham	Road Ba	ltimore	N	aryland		
Z	part 2 Other Significant Conditions Contributing to Death But not related to the terminal disease or Condition given in Part 16.										
<b>IFICATION</b>	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA  YES NO						
ICAL CERTI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	DF INJURY .M. MONTH D. .M.	AY YEAR							
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME STREET FACTORY OFFICE FARM FTC ) STREET CITY OR TOWN									
	22a I certify that (1) (this h saw the deceased aliv above, (1) (we) (did) (di 27b. SIGNATURE	e on 4-J	198	4	and that in (my) (our) apinian	death occurred on the d	ote and hour				
	(do	none	3		ATTENDING PHYSICIAN [	MEDICAL STA		4-	1-85		
	DRIANDO		HUAN	MD	BOGH-1	RANDAMSTA	ا كرد	Med .	21133		
22-	BURIAL CREMATION REMO	VAL 1236 DATE	230 1	NAME OF	CEMETERY OR CREMATORY	73d LOCATION	1000				

CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior MPORTANT: If them 21 is morked on trem 18 shows any

> 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

4-8-85

230 BURIAL, CREMATION, REMOVAL

Cremation

Westview Crematory ISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore

Baltimore

(VRA 15, 4)

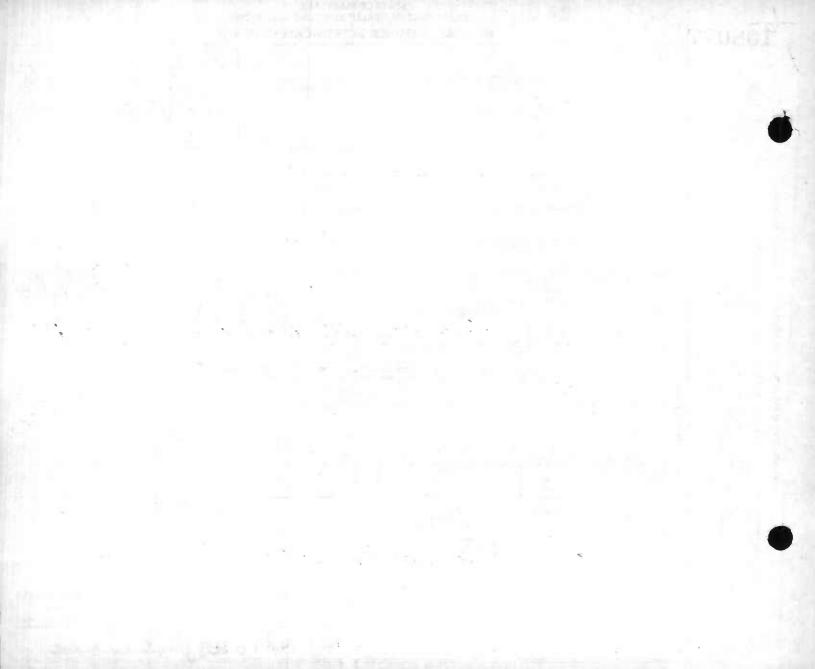
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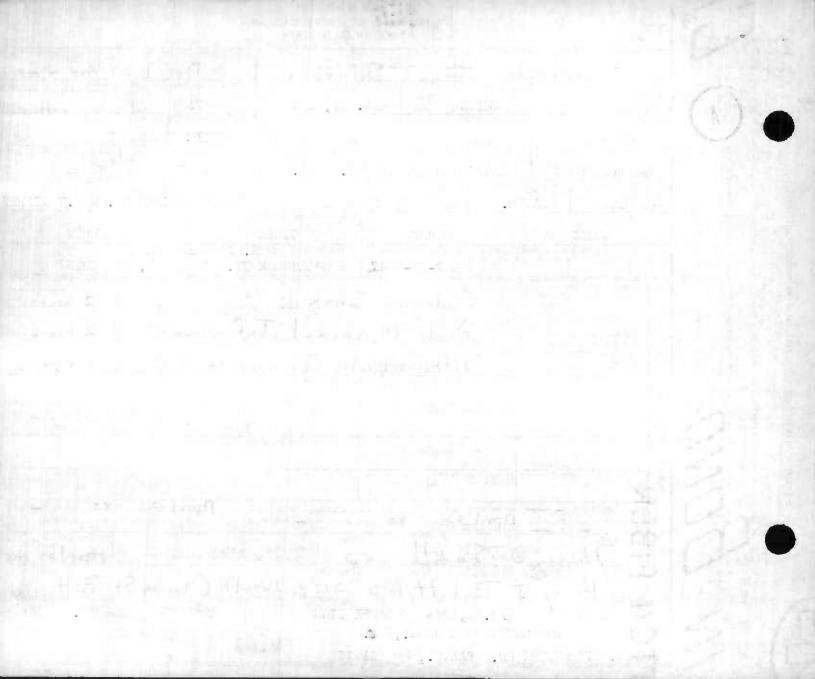
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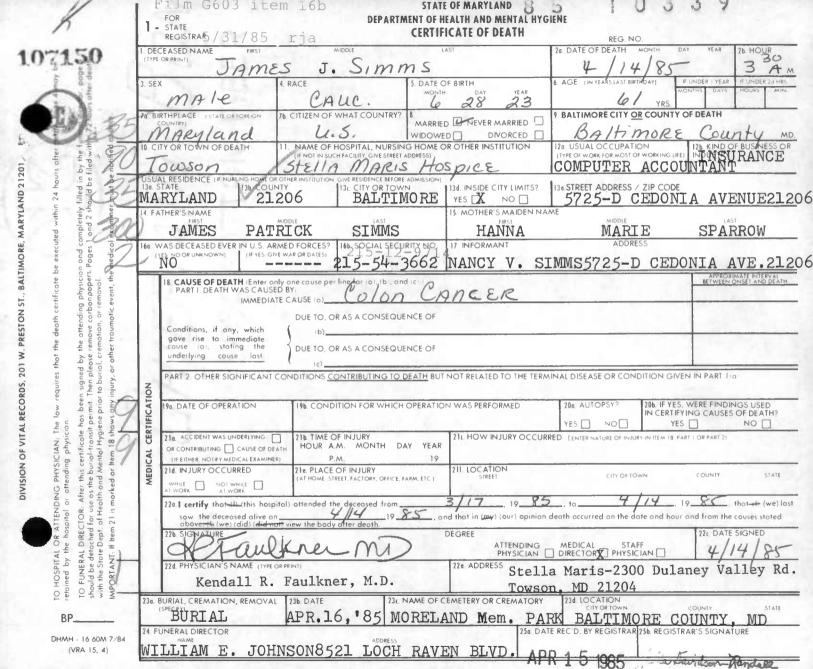
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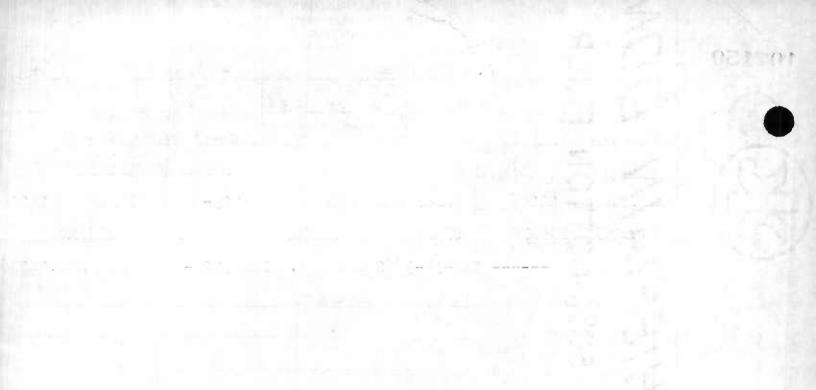
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ריביחפו		TATÉ EGISTRAR	MEDICAL EXAMIN	NER'S CERTIFICATE OF D	DEATH REG. NO.	
	DECI	ASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	NONTH DAY YEAR 26. HOLL
14.2 E	( I APE	Anna	а К.	Siatkowski	OF ESTI-	121085 9P
3818	SEX	4. RACE	MONTH DAY YEAR LAST BIRTHI	EARS IF UNDER 1 YR. IF UNDER 24 H		DAY YEAR 26. HOU
n dE	en	ale White	July 7 1912 72	rrs.	DEAD VIDY	1/12,900 YP
70	FORE	THPLACE (STATE OR IGN COUNTRY)  Jaryland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
4		OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Baltimor	
	CIII	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 12h KIND OF BUSINESS OR INDUSTRY
		Osedale RESIDENCE (JE IN NURSING HOME O	15713 Daybreak Te	errace 21237	Housewife	
	a. STA	ATE 136 COUN	TY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS	
		ryland   Bal HER'S NAME	ltimore   Roseda	1 YES NO 5	AME	
7/1		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
16	a. W	John AS DECEASED EVER IN U.S. ARA		Pauline TYNO. 17. INFORMANT	ADDRESS	Unknown 21237
/	(YES	NO. OR UNKNOWN) (IF YES, GIVE	war or dates) 214 05 3	574 John Siatk	owski 5713 D	aybreak Terr
	T	18. CAUSE OF DEATH (Enter an	ly ane cause per line (a), (b), and (c).)		9/	APPROXIMATE INTERVAL
1		PART I DEATH WAS CAUSED	D BY: TE CAUSE (a) Card	eac ane	at -	Sulder
	-1		DUE TO, OR ONSEQUENCE	OF 1 1-		047/
		Conditions, if any, which gave rise to immediate	(b) Senera	light No	200	2-96
4		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF S		
	1		(c)			
C KEMAIION,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1 (a	1).	
7	MEDICAL CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
			172. 201011011011011011	The state of the s		YES NO
3	EX.	10 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM 18 PART	
	¥ l	JNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEA DEATH P.M. 19	AR		
	EDI	IN INTITION OCCUPPED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	₹	WHILE NOT WHILE AT WORK	J STREET, FACTORY, PARM, ETC.)	SIRCEI	CITY OR TOWN	COUNTY STATE
	ı		ge of the remains described above, held an	Autapsy , Inspection	. Inquiry 4, and in	ı my apinian
	- [				ndetermined manner .	,
4	- 1	61	0	TILE (SPECIFY),		. 1 /
		ACTUAL	Bot On ownel	lecho spuly	MEDICAL EXAMINER	DATE SIGNED 4 12 83
BALLIMORE, MARYLAND,		XAMINER'S NAME		/ /		, , ,
		TYPE OR PRINT)		ADDRÉSS		
23	e. BUI	Burial A			d. LOCATION CITY OR TOWN	COUNTY STATE
2/		NERAL DIRECTOR	April 16'85 St.	Stanislaus Cem	Baltimore D. BY REGISTRAR [256. REGISTR	Marylan
1	1	NAME	ADDRESS	21231   AFK 1	6 1085 LE K	AND SIGNATURE
	<u> 니 1</u>	lly & Zeiler	.Inc. 1901 Easter	n Ave.	O 1300 America	Alcent - Marketon



STATE OF MARYLAND







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ST DEPARTMENT O

TATE OF MARYLAND	1	U	0	Con
OF HEALTH AND MENTAL HYGIENE				
TIFICATE OF DEATH				

	DEC				CERTIF	ICATE OF DEATH		REG. NO.		
		CEASED NAME FIRST N	ahesh	P.	L'	ASI Sinha	20 DATE OF	F DEATH MONTH	DRY YEAR	26 HOUR
		1,114UG	5N +		21	nna	4-	3.8	I was a second	1.50
3.	SEX	nole	4 RACE	. 0	5. DATE C	DAY YEAR	6 AGE (IN)	(EARS LAST BIRTHDAY)	MONTHS DAYS	HOURS M
70	BIR	RTHPLACE ISTATE OR FOREIGN	Th CITIZEN OF	VHAT COUNTRY?	8.	1 - 31	9 BALTIMO	ORE CITY OR COUNT	Y OF DEATH	1
	C	OUNTRY)		dia	MARRIE	DI DIVORCED	Ras	HO COW	RUI	
- Tie	) CII	TY OR TOWN OF DEATH			WIDOWE NG HOME C	OR OTHER INSTITUTION		OCCUPATION	12b KIND	OF BUSINESS
8	产	04140	5+7	16ACILITY, GIVE STREET	) H	Spital Inc	Civi	l Engine		MTA
6	30. S	RESIDENCE (IF NURSING HOME OF TATE 136 COULT BAIT	imore	136 CITY OR TOW Parkvi	/N	13d INSIDE CITY LIMITS?	13e STREET .	ADDRESS / ZIP COL		2123
		THER'S NAME		1 00 111 1 1	220	15 MOTHER'S MAIDEN NA			o mar	
80		Suraj	WIDDLE	Singh		Lalpar	i	WIDDLE	Si	ngh
1 16		AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
/ L			A	579-58-	4442	Mr. Ajoy S	inha	Same a	- 11	
	٦	8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per D BY: TE CAUSE (a)	line fay (a) (b), an	lia.	( ane	4		111	ONSET AND DE
	1	Canditions, if ony, which		AS A CONSTRUCT	ENCESE	er lial of	aile	no	Ho	lus
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSTOUR	ING C	erdia ind	anc	1	Mo	ntes
	NO	PART 2 OTHER LIGNIFICANT	CONDITIONS CC	rent.	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION G	IVEN IN PART I	ner-
2	CERTIFICATION	110 DATE OF OPERATION	- 196 CONDI	1	OPERATIO	n was performed	200 AUTO	IN CERT	ES, WERE FIND IFYING CAUSE (ES	
~		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	3101	A. MONTH D.		21¢ HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY IN ITEM 18	PART   OR PART 2)	
	DICAL	(1F EITHER NOTIFY MEDICAL EXAMINE	P./ 21e PLACE (		19	21f LOCATION				
- 13	ME	IRK NOT WHILE	(AT HOME STR	EET FACTORY, OFFICE I	FARM ETC )	STREET		CITY OR TOWN	COUNTY	STATI
		220 1 certify that (1) (this hasp				, 19	, to			that (I) (we)
		saw the deceosed alive or abave, (1) (we) (did) (did no	it) view the body	ofter death	, 01	nd that in (my) (aur) apinion	death accurre	d on the date and ho	our and from the	e causes state
		22b. SIGNATURE	cur	100		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATI	3-85
		Stephen	Linco	sla M.	D.	7620 Y	le t	D. Tow	sou K	d. 212
2	30 B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOC/			
	(:	Cremation	4/5/8	5 Se	curi	ty Process		onsville	Balto	. Md
	4 FU	INERAL DIRECTOR	77.0			250. DAT		REGISTRAR 756 REGIS		7 2 2
84	Ma	cNabb Funer	al Home	Cato	nsvi	lle, Md APR	4 10	85 Suller	evidion A	ande to

DHMH - 16 60M 7/84 (VRA 15, 4)

CEASED NAME FIRST OR PRINT) Theresa	WIDDLE			INEO.	NO.		
Theresa			AST	20 DATE OF DEATH	MONIH DA	YEAR	2b. HOUR
THETESA	Ε.	SLU	NT	Apı	ril 15.	1,985	12:50Pm
X	4 RACE	S. DATE (		6 AGE (IN YEARS LAST I	HRTHDAY) I	FUNDER 1 YEAR	IF UNDER 24 HRS
male	White	9		00 84	YRS.		
RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DE ATH	
	U.S.A.			□ Baltimore	County		MD.
TY OR TOWN OF DEATH			OR OTHER INSTITUTION				F BUSINESS OR
	Franklin Squ	are Hosp	ital	(1112 01 11 01 0			
AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE		113d INSIDE CITY LIMIT	S? 1136 STREET ADDRESS	/ ZIP CODE		
ryland -		timore	YES NO			et 212	223
THER'S NAME	MIDDLE	LASI				24.1	1
known		*****		Middle			
		IAL SECURITY NO.	17 INFORMANT	ADD	RESS		
		07.8846A	Arthur Dr	ager 5 Light	St Bal	Ito N	/D 21202
Conditions, if ony, which gave rise to immediate couse to, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO	INSEQUENCE OF		20m AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED
		ITH DAY YEAR	21c. HOW INJURY OF	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT   OR PART 2)	
		19					
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			2H LOCATION STREET	City OR	OWN	COUNTY	SLATE
22b. SIGNATURE  Muchae	view the body after deal	19.85 . a	DEGREE  ATTENDITE  PHYSICIA	inian death accurred on the	dote and hour o		
						1007	
					ive, 2	1237	
	236 DATE 4/17/1985		emetery or cremate	CITY OR TOWN		COUNTY	STATE
	DESCRIPTION  TY OR TOWN OF DEATH  DESCRIPTION  AL RESIDENCE (IF NURSING HONE OF INTERTS NAME FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  FIRST  INTERTS NAME  INTERTS NAME  INTERTS NAME  INTERTS NAME  INTERTS NO OR UNKNOWN)  INTERTS NO OR UNKNOWN)  PART I. DEATH HENTER OF DEATH IENTER OF DEATH OR CONTRIBUTION  TO CONTRIBUTION  INTERTS NO OR UNKNOWN  INTERTS NO INTERTS NO INTERTS NO INTERTS  INTERTS NO INTERTS NO INTERTS NO INTERTS  INTERTS NO INTERTS NO INTERTS NO INTERTS  INTERTS NO INTERTS NO INTERTS NO INTERTS NO INTERTS  INTERTS NO INTERTS N	TYPLAND  ITY OR TOWN OF DEATH  IT NAME OF HOSPITAL  (IF NOT IN SUCH FACILITY, C  FRANKLIN SON  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDE  TOTATE  ITYLAND  ITHER'S NAME  FIRST  WAS DECEASED EVER IN U.S. ARMED FORCES?  IN CAUSE OF DEATH LETTER ONly one couse per line for 100  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CO  Conditions, if ony, which gave rise to immediate couse to, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR  210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210 INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK  211 CERTIFY that I (this hospital)  WHILE NOT WHILE AT WORK  212 CERTIFY that I (this hospital)  WHILE NOT WHILE AT WORK  212 CERTIFY that I (this hospital)  WHILE NOT WHILE AT WORK  212 CERTIFY that I (this hospital)  WHILE NOT WHILE AT WORK  212 SIGNATURE  DY. MICHAEL DELANT.  P.M.  212 PLACE OF INJURY 15 OF CONTRIBUTION  214 PHYSICIAN'S NAME (TYPE OR PRINIT)  DY. MICHAEL DELANT.  SPECIFY)  BURIAL, CREMATION, REMOVAL 23b DATE  SPECIFY  215 SPECIFY  226 DATE	TOURING LY CONTRIBUTION OF DEATH  ITY OR TOWN OR DEATH  ITY OR TOWN  Baltimore  ITY OR TOWN  ITY OR TOWN  ITY OR TOWN  Baltimore  ITY OR TOWN  Baltimore  ITY OR TOWN  Baltimore  ITY OR TOWN  ITY OR TOWN  Baltimore  ITY OR TOWN  ITY OR OR AS A CONSEOUENCE OF  ITY OR OR AS A CO	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF SEXVILLE   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF SEXVILLE   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF SEXVILLE   NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	MARRIED   NEVER MARRIED   NEVER MARRIED   Baltimore   DVORCED   DVORCED	MARRIED   NEVER MARRIED     NOVER MARRIED   NOVER MARRIED   NOVER MARRIED   NOVER	MARRIED   NEVER MARRIED   NEVER MARRIED   DEVORCED   Baltimore County   DEVORCED   DEV

Walter Brooks Bradley, Inc. Balto., MD 21222

109035

### STATE OF MARYLAND FOR - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bryan W. Clary 10 W. Padonia Rd. 21093

CERTIFICATE OF DEATH

	REGISTRAN			RE	G. NO.		
	DECEASED NAME FIRST (G.	Haskell	Smith	2a DATE OF DEA		2 - 85	2b HOUR
	Male	White		1 TEAR TO	AST BIRTHDAY) IF U	UNDER I YEAR	IF UNDER 71 HRS HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	DIED	more County or		MI
2	Towson	11. NAME OF HOSPITAL, NURSIN DULANEY TOWS			JPATION MOST OF WORKING LIFE) LET SETVI	12b. KIND OF INDUSTRY C e C]	BUSINESS OR hemica
130	Maryland Ba	e or other institution give residence before DUNTY 13c. CITY OR TOW Caltimore Cockey	75 ville YES NO	13 War	ress / zip code ren Lodge	e Ct.	21030
0	Fred First	Haskell Smi		lly M	a e	Inwo	
16a.	(YES NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECU 276-05-		L. Smith Co.	opress arren Lo ckeysville	bM.s	t. 21030
CERTIFICATION	PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO		20b. IF YES, W	VERE FINDING	GS USED OF DEATH?
MEDICAL CERTIF		DEATH HOUR A.M. MONTH D.	AY YEAR 19	YES NO	YES [		NO 🗌
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	FARM ETC) 211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		on 12 Abril 19 and 19 a	DEGREE ATTE	DOING MEDICAL SICIAN DIRECTOR P	the date and have an		
23a	BURIAL CREMATION REMOV	. O'Donnell, M.	D. 22e ADDRESS 7501 Y	ork Road To	wson Md.		204
	(SPECIFY) Burial	4-17-85 M	ansfield Cem	etery Man	stield		Ohio
	Charles F  BURIAL, CREMATION, REMOV (SPECIFY) BURIAL  FUNERAL DIRECTOR	. O'Donnell, M.	D. 22e ADDRESS 7501 Y	ork Road To	wso Šfiel	on Md.	on Md., 21

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. at Health and Mental Hygiene priar ta buriol, cremation, IMPORIANT: If Hem 21 is marked or Hem 18 shows any injury, or other traum.

IMPORTANT: If hem 21 is

bests a symmetric property of the state of t

the terms of the contract of t

## STATE OF MARYLAND

- 1	U	0	

- STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.									
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR	
(TYPE OR PRINT)	George	E	Smith			4-2	25-85	5	2:16	g	
3 SEX	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST 8		IF UNDE	_	IF UNDER	_	
Male	Whi	te	April 28,	1915	69	YRS	MONTHS	DAYS	HOURS	٨	
COUNTRY)		OF WHAT COU	MARRIED NEVER								

,	(TYPE OR PRINT)	George	E Sm	ith	4-25	5-85	2:16pm,
	3 SEX Male	4 RACE White	MONT	OF BIRTH H DAY YEAR ril 28, 1915	0.7102	IF UNDER I YEAR	HOURS MIN.
5	70 BIRTHPLACE (STATE OR FO COUNTRY)  Md.	76. CITIZEN OF		NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore Coun		MD
8	Towson		HOSPITAL, NURSING HOME ( H FACILITY, GIVE STREET ADDRESS)  TOSEPH NOSPITA		12g USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE  Machinist		F BUSINESS OR
5		G JOME OR OTHER INSTITUTION 38 COUNTY	GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  Baltimore	13d INSIDE CITY LIMITS? YESXX NO  15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP CODE 5767 Edgepark R	d. 2123	39
2	Frank	B .	Smith	FIRST MATY	MIDDLE	Bran	
2	160 WAS DECEASED EVER IN  (YES, NO OR UNKNOWN)  485	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) WW II	166 SOCIAL SECURITY NO. 212-05-2871	Agnes S. Sm	ADDRESS ith same as 13 e		
	PART I. DEATH WA	(Enter only one couse per S CAUSED BY: MMEDIATE CAUSE (a)		1A + NECROSIS,	BRAIN, C/W MYPOKI		MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imme couse (0), stating underlying couse	DUE TO, O which (b)	R AS A CONSEQUENCE OF	ARTENY DISEMS	/s/a CAB summy	YE	mas
7	Z O DATE OF OPERAL		DNTRIBUTING TO DEATH BUT			, WERE FINDIN	NGS USED
/	OF CONTRIBUTING CA	RLYING 216. TIME CHOUSE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO YES	YING CAUSES  ART I OR PART 2)	NO DEATH?

190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
4/23/85	SEVERE CONONARY A	LLAKA ONGARE	YES NO	YES 🕙	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
228.4 certify that (this hospito sow the deceased alive an above, (we) (did) in Fig.	V-25 19 85 01	nd that in (TV) (our) opinion d	eoth accurred on the de		, that (we) la e couses stated

MEDICAL DIRECTOR ATTENDING PHYSICIAN 22e. ADDRESS

AGAN, JR. MIX. 23d LOCATION
CITY OR TOWN

Baltimore Maryland METERY OR CREMATORY

138 BURIAL, CREMATION, REMOVAL	736 DAIE	130. NAME OF CEM
Burial	4/29/85	Parkwood

STATE

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 29 1985

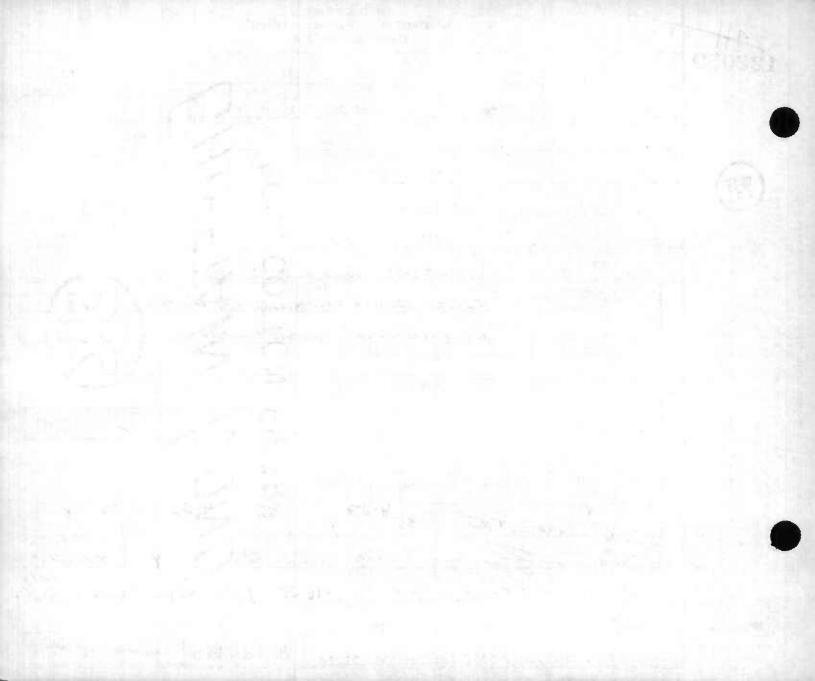
DHMH - 16 60M 7/84 (VRA 15, 4)

BP\_\_\_

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been

Leonard J. Ruck, Inc. 5305 Harford Rd.



filled in by the funeral directional directions ould be filed within 72 hours

this certificate has been signed by the ottending ne buriol-transit permit. Then please remove carbon

injury, or oth

MAPORTANT: If Item 21 is morked or Item 18.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the burial-transit permit. Then please remaye cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation. an

ENDING PHYSICIAN: The los

etoined by the hospital or offending physicion.

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR STATE REGISTRAR

### STATE OF MARYLAND CERTI

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n	Ľ.	Αl	ı,	n	ANU	MENTAL	71	TOIENE		
F	1		1	E	OF	DEATH			25.0	6.14

WEO IO I IO III							REG. P	10.				
DECEASED NAME	FIRST	A	MIDDLE	L	AST	1	DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	IR
(THE SHERRING)	HELEN		Wright	SM	ITH		Apr	cil :	22,	1985	11:	40 A
SEX	4	RACE		5. DATE C			AGE (IN YEARS LAST B	RTHDAY)	IF UP	HS DAYS	IF UNDER	24 HRS
Female		White		Jan.		3	82	YE		HS DATS	HOURS	MIN.
BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARR	9	BALTIMORE CITY			DEATH		
Ohio		USA		WIDOWE			Baltimore	Co	unts			MD.
CITY OR TOWN OF	DEATH 1	1. NAME OF H		G HOME O	R OTHER INSTITUT	ION I	2a USUAL OCCUPAT	ION	1	2b. KIND O	F BUSINI	
W	C		Raltimor		ical Cent		(TYPE OF WORK FOR MOST Homemak		NG LIFE)	NDUSTRY		
TOWSON	NURSING HOME OF O	THER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)								
Maryland	13b COUNT	more	Luthery		13d. INSIDE CITY L YES NO		3 STREET ADDRESS 1511 Bro			2.4	2100	) 2
FATHER'S NAME	Dani	more	Luther	/IIIe	15 MOTHER'S MA			auw	ay I	τα.,	210	23
Guv		rthur	Wri	aht	Stella		Ma	_		Bur		
WAS DECEASED E			16b SOCIAL SECU		17 INFORMANT	,	ADDR	_		Dur	1	
(YES, NO OR UNKNOWN		WAR OR DATES)				. т 1	D 1	1611	D	1		
No		-	213-74-		Lleano	rJ.	Eckman,					
PART I. DE AT	EATH (Enter only H WAS CAUSED	one cause per BY.	fine far (a), (b), an				2	1093	-	BETWEEN	ONSET AND	DEATH
9 3 3	IMMEDIATE	CAUSE (a)	Myocar	cdial	Infarctio	n		_				
1000		DUE TO, OI	R AS A CONSEQUE	ENCE OF								
Conditions, if	ony, which	( b)_	Arteri	ioscle	rotic car	diova	scular di	seas	e			
gave rise to		DUE TO O	R AS A CONSEOU	ENICE OF								
underlying co		1000 10,01	AS A CONSECU	EINCE OI								
PART 2 OTHER	SIGNIFICANT CC	NULTIONS CO	NITRIBUTING TO	DEATH BUT	NOT PELATED TO	HE TERMIN	AL DISEASE OR COM	IDITION	GIVEN	N PART 1	0	
	JOHN REALTICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. V.A. (10 10 10 10 10 10 10 10 10 10 10 10 10 1	DEATH DO	TO RELATED TO	TE TERMIN	AL DISEASE ON CO.		011211	14 ( 14)		
4 190 DATE OF OPI	ERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?			ERE FINDIN		
3							YES NOT	IN CE	RTIFYING	G CAUSES	OF DEAT	
19a DATE OF OPI	UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM			140 [	
00.000,000,000,000,00	CAUSE OF DEATH			AY YEAR	100							
LIF EITHER NOTIFY	MEDICAL EXAMINER)	21e PLACE		19	211 LOCATION							
WHILE TO NO	I WHILE		PEET FACTORY OFFICE P	FARM ETC 1	STREET		CITY OR T	NWC		COUNTY	- 5	STATE
AT WORK	WORK _				/ /10	0.5	- 77	0.0		0.5		
		1) attended the	e deceased from_	0.5	4/12 11	85_	, to4/	2.7			that (I) (	
above, (1) (w	eased alive an e) (did) (did not)	view the body	4/22 19 8 ofter death.	. an	nd that in (my) (aur	apinion de	eath occurred on the	date and	haur an	d from the	causes st	ated
226 SIGNATURE	01	1	-1	(	DEGREE					22c. DATE	SIGNED	
6	1 ste	una	elen	_		ICIAN	MEDICAL STA		,	Apri	1 22	. 10
22d PHYSICIAN	S NAME THE OF	PRINC)	THE STATE OF		22e ADDRESS					***		
Rudios	r Breite	necker	. M.D.		6701 N	harlo	s St. B	-1+i	mara	MD	212	04
a. BURIAL CREMATE		23b. DATE		NAME OF C	EMETERY OR CREM		23d LOCATION	<u></u>	more	FILE	414	<u></u>
Burial		4/24/			y Valley		Timoni	1177		alto.		Id.
FUNERAL DIRECTO	R'M.	01-	· 1D	diane	y valley		REC'D. BY REGISTRA					ru.
NAME	Maca	0000	ADDRESS ADDRESS		2.1	APE	23 4000	2.0		A SIGNAL	7	
Martin D	. Laws	on, 10	w. Pad	onia i	Ka.		20 200	1 200	HUBBLE	ALLEN -/	andel	4

DHMH - 16 60M 7/84 (VRA 15, 4)

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- Name of the first of the second of the sec

Figure 10 . Lawren, 10 . Ladonia Lip.

	TA	TE OF M	ARYL	AND	0	4
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGN	

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
SMITH	APRIL 01, 19	PS YEAR
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR

DECEASED NAME TYPE CHERRYS HERBERT

Black TE CITIZEN OF WHAT COUNTRY?

U.S.A.

ST. JOSEPH'S

10 1.0 MARRIED NEVER MARRIED

WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

TYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

2b HOUR

OWSON BUAL RESIDENCE IS NOTHER INSTITUTION GIVE Maryland

FATHER'S NAME

B. CITY DRIOWN OF DEATH

Georgia

RECUSTRAR

Baltimore

Smith

134 INSIDE CITY LIMITS? YES X NO [ 15. MOTHER'S MAIDEN NAME

Sarah

MIDDLE ADDRESS

3613 Copley Road

21215 Jenkins

George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

36 COUNTY

MIDDLE

TANKE OF FORLOW

166 SOCIAL SECURITY NO 17 INFORMANT

212-01-4787 Viola Burgess 3613 Copley Road

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 1/4, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse in storing the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Ma DATE OF OPERATION

214 INJURY OCCURRED

225 SIGNATU

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

NOF YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

200 AUTOPSY?

211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC )

CITY OR TOWN COUNTY

STATE

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

OSLER Dr. Towsen 21204 Arbutus Memorial

22e ADDRESS

DEGREE

Pk. Arbutus,

Md.

24 FUNERAL DIRECTOR

BURTAL

4/5/85

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm Cammarch F/H, Inc.1101 E North Avenue

ond

certificate be

100165 I. DECEASED N

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

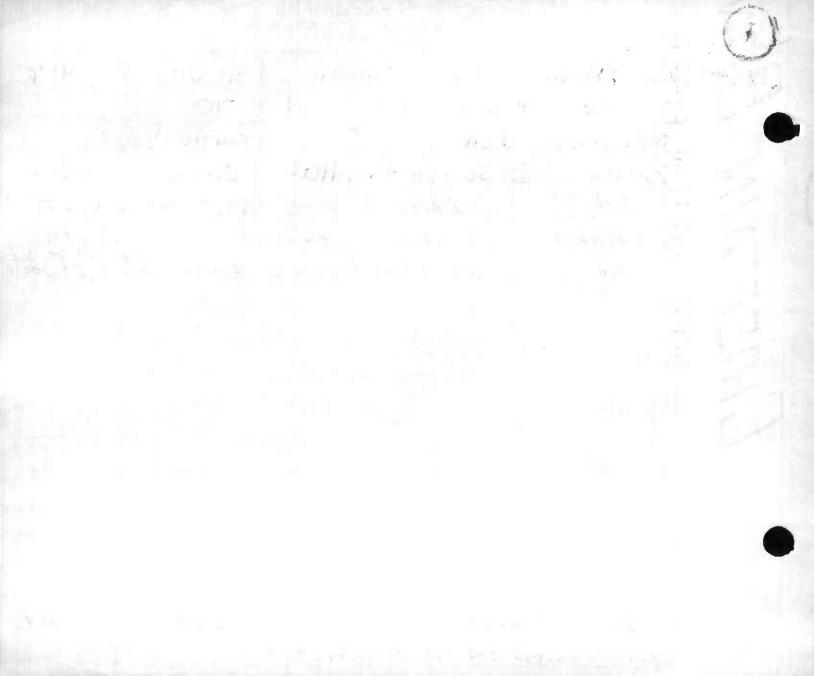
	1 -	- STATE REGISTRAR			DEFAR		ICATE OF DEATH	n I GIEN	REG. NO.		
		CEASED NAME	FIRST	٨	AIDDLE		AST	20.	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(1 TPE		MES	HE	ENRY	5	SMITH	A	APRIL 2, 1985		7:20 Pm
	3. SE	Х		4 RACE		5. DATE O		6 4	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		MALE		BLA	CK	MONTH 6	21, 1915		69 YRS	MONTHS DAYS	HOURS MIN.
9		IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	2 8		9 E	BALTIMORE CITY OR COUN	TY OF DEATH	
5		IRGINIA		II.	S.A.	WIDOW	D NEVER MARRIED	0.0	BALTIMORE COU	NTY	MD.
4		ITY OR TOWN OF DEA	ATH	II JAME OF H	OSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION		USUAL OCCUPATION		OF BUSINESS OR
2	-	ORT HOWARD		V.A. M	EDICAL C	ENTER		(1)	YPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRY	
5	13a. S	AL RESIDENCE (IF NURS STATE IARYLAND	ING HOME	THER INSTITUTION	13c. CITY OR TOV	NN	13d INSIDE CITY LIMITS		STREET ADDRESS / ZIP COI		218
	14. FA	ATHER'S NAME					15 MOTHER'S MAIDEN				
		PAUL		MIDDLE	SMTTH		PAULTN	הד	MIDDLE	LA TTTERE	
1		WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.			2836 The Al	HYMA	
1	1	YES, NO OR UNKNOWN)		W. II	225 09	1866			RDS, VAMC, FOR		D. MD
		18 CAUSE OF DEAT					CHINICAL I	ALCO1	ADD, VARIO, FOR		XIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE	D BY:			DECLE A DOMESTIC			MINIT	
		1	IMMEDIA	TE CAUSE (o)(	ARDIORR	SPIRAT	ORY ARREST			MITMU	UPIS
		Ctable of	1.1	DUE TO, OF	RENAL FA	LURE				DAYS	
		Conditions, if ony, gave rise to imm	nediote	(p)							
		underlying couse		DUE TO, OF	R AS A CONSEQU	JENCE OF					
					NEUMONI	othe pather Phys				HENRY	
	z								L DISEASE OR CONDITION G	IVEN IN PART 1	0
7	5	OLD CARDIO					N WAS PERFORMED		CONTRACTURE	APHASTA ES, WERE FIND	
4	MEDICAL CERTIFICATION	190 DATE OF OPERA	HON	196 CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERT	IFYING CAUSES	
0	CER	21a ACCIDENT WAS UNE	DERLYING [				21c. HOW INJURY OCC		(ENTER NATURE OF INJURY IN ITEM 18		
1	AL	OR CONTRIBUTING		NI I	M. MONTH D						
	DIC	214 INJURY OCCUR		P./		19	211. LOCATION				
	A	WHILE NOT WE	TILE	(AT HOME STR	EET, FACTORY, OFFICE.	FARM ETC )	STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I)		ital) attended the	deceased from	MARCE	14 10 8	35	to APRIL 2	19 85	that (I) (we) last
		sow the decense	ed alive on		10	0~	nd that in (my) (our) apir	nion deot	th occurred on the date and ha	out and from the	couses stated
		226. SIGNATURE	1	Ti view the body	oner dealn.	7	DEGREE			22c. DATE	SIGNED
		had	lean	a C	· Clo	and	MA ATTENDIN		AEDICAL STAFF IRECTOR PHYSICIAN XX	111	/3/85
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)		1	22e. ADDRESS		201		2/0)
		VADHANA CI	LAUD.	M.D.			VA MEDICAL	CEN	TER. FORT HOW	ARD. MD	21052
		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATO	ORY	23d LOCATION	1000	
		BURIAL		4/8/8	5 G.	arris	on Forest	VA	Owing Mills	COUNTY	Md.
		UNERAL DIRECTOR			400000		25g.	DATE RE	C'D. BY REGISTRAR 251 REGI	STPAR'S SIGNA	ARE LA
	W	m Č March	h F/1	Inc.	110î E	Nort	h AvenueA	rk (	14 MOU guia	Davidson-1	

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

should be detoched for use os the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

Particular and American State VAM



### STATE OF MARYLAND

Dundalk.

Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CEDTIEIC ATE OF DEATH

	REGISTRAR							REG. NO					
	CEASED NAME FIRST		MIDDLE		LAST		20. DATE		HINOM	DAY Y	EAR	2h HOU	R
(TYPE	OR PRINT) Willia			(Stac	howski	)		7	2 7	005		- 00	-
SE)		I RACE		5 DATE O	ith		/ ACE	April		985 IF UNDER I		5:20	_
SEZ	X	1 RACE		MONTE		YEAR	6 AGE (III	4 AF WKP TWPL BIK!	HDAY)		DAYS	HOURS	MIN
Ma	ale	White		2	3	1898		87	YRS		189		
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED []	9 BALTIM	ORE CITY O	R COUNT	Y OF DEA	TH		
	arvland	U.S.A.		WIDOWE		IVORCED	Balt	imore	Coun	+ 17			٨
_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	-		12a USUA	LOCCUPATION	NC	12b. K	IND OF	BUSINE	_
-			H FACILITY, GIVE STREET A	DDRESS)				ORK FOR MOST OF			_		
	SSEX AL RESIDENCE (IF NURSING HOME O		Cent Road	ACM S STAGA			Tin I	Mill Wo	orker	Bet	ch.	Stee	Τ_
30 S	STATE 136 COU		13c. CITY OR TOWN		134 INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	E			
Ma	aryland Bal	timore	Essex	1	YES 🗌	NO 🔀	1419	Kent I	Road			2122	1
I FA	THER'S NAME	WIDDLE	LAST	. 100	15. MOTHER	SMAIDENNA	ME	in the second					
Fr	rank	WIDDLE	Stachows	ci	Cat	herine		MIDDLE		To	LAST	ews}	- :
-	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU		17 INFORM		-	ADDRE	SS	10	muZ	CWS	<u> </u>
(Y	YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)						100					
No			213-07-2	2799	Viola	a Lewano	dowski		Sar		13		
	18 CAUSE OF DEATH (Enter of	nly one couse per					L Miles			8ET	PPROXIM WEEN O	NATE INTER	DEAT
	PART I. DEATH WAS CAUS	TE CAUSE (a)	CAMDIAC	an	INET						-		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO D	NCE OF		STATE		40				205.	
ICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	r as a conseque	NCE OF	NOT RELATED	D TO THE TERM		, ASE OR COND	DITION GIV	VEN IN PA	ART I to	GS USED	
TIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED	D TO THE TERM	NIN AL DISEA	, ASE OR COND	20b. IF YE	VEN IN PA	ART I to	GS USED	H?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Wise

TO HOSPITAL

BP.

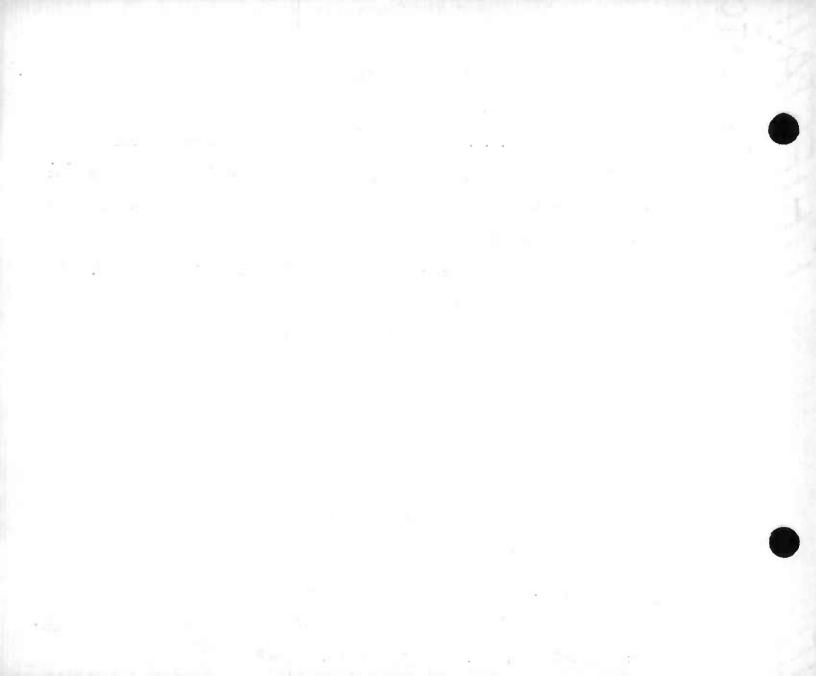
Charle as held may be read a contraction. SHR RT

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

8	1-	FOR STATE REGISTRAR			DEPA		HEALTH AN	MENTAL HY	GIENE	REG. N	0.	9	0	
- 1		CEASED NAME	FIRST		AIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY	YEAR	2h HOUR
- 1	(TYPE	OR PRINT)	CHARL	ES	GORDON	I S	HTYM				4	13	85	11:00%
- 1	1. SEX	K		4 RACE			OF BIRTH		6 AGE (IN	YEARS LAST BIE	RIHDAY)		DER TYEAR	IF UNDER 24 HRS
	1	MALE		WHIT	E	0	6 20	20	64		YRS	MONTH	15 DAYS	HOURS MIN.
1	7a. BIF	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	WHAT COUNT	RY? 8	FD NEVE	R MARRIED	9 BALTIM	ORE CITY C	OR COUN	ITY OF E	DEATH	
2	MAI	RYLAND		U.S.A		WIDOW	ED	DIVORCED []		LT IMOE				MD.
		TY OR TOWN OF DEA	ATH		HEACILITY, GIVE S			ISTITUTION		L OCCUPAT ORK FOR MOST ( GGER			NDUSTRY  OVERN	went
3	13a. S	AL RÉSIDENCE (# NURS STATE RYLAND	13b COUN		GIVE RESIDENCE B 13c, CITY OR 1 WOODI	IOWN		CITY LIMITS?		ADDRESS 6 CHAI			EET	21207
2	H FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	WIDDIE			LAS	1
U	_	JOHN		HENRY		MYTH		LULA					S	ERF
/		VAS DECEASED EVER	(IF YES GIV	E WAR OR DATES		SECURITY NO.	17 INFOR			ADDR				
		YES	WW	II	216-07	7-9289	MARY	EVELYN	SMYTH	5926	CHAR	LES		21207
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	lipetor (o), (b	i, and (c)	-		~ /	L		-	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W		E CAUSE (o)	ano	endr	nul	rin)	00	Lun	سا			
		l		DUE TO, OF	ASA CONSE	EOVENCE OF	,							
- 1		Conditions, if ony,		(b)	Cer	6-2	y are	and ,				-		
		couse (o), stotin	g the	DUE TO, OF	R AS A CONSE	EOUENCE OF								
- 1				( (c)										
	NOI	PART 2. OTHER SIGN	NIFICANT (	ONDITIONS <u>CC</u>	ntributing	TO DEATH BU	T NOT RELAT	ED TO THE TER/	MINAL DISEA	ISE OR CON	IDITION	SIVEN IN	V PART 10	1
1	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WE	HICH OPERATION	ON WAS PER	FORMED	20a AU				RE FINDING CAUSES	IGS USED OF DEATH? NO []
=	188	21a. ACCIDENT WAS UNE	DERLYING _	21b. TIME O				INJURY OCCUR			JRY IN ITEM I		OR PART 2)	
1		OR CONTRIBUTING		THE STATE OF THE S	M. MONTH	DAY YEAR								
	WEDICAL	21d. INJURY OCCUR		21e. PLACE (	OF INJURY		211 LOCA						YINUO	STATE
	W	HIN ON THE	RK	(AT HOME_STR	EET, FACTORY, OF	FICE, FARM, ETC )	STR	EET		CITY OR TO	)WN		COUNTY	STATE
		220.1 certify that (I)		tol) ottended the	deceased from	om_ 3~	1.4	19 73	, to	7	4/13	19_	-	that (Il)(we) lost
		sow the decease above (1) (we) (	ed olive on	view the body	ofter deoth.	19 84	and that in (	y) our) opinion	deoth occur	red on the d	lote and h	nour ond	from the	couses stoted
		226. SIGNATUIL	0-	Man.			DEGREE	ATTENIO	ALEBICA.				ZZC DATE	SIGNED C.
1		The	-4	5				PHYSICIAN	DIRECTO	R PHYSI	CIAN		71	16/88
		22d. PHYSICHAN'S NA					22e ADDF				100			
		John Heal	y, MD	•			1311	Francis	s Aven	ue	1			
		BURIAL, CREMATION,	REMOVAL					R CREMATORY	23d 1Oc	diawn	14.	D P	timor	NATE OF THE PROPERTY OF THE PR
	24 5	Burial		4/17/	50	Woodla					lack peo		-1 /	and a little
		UNERAL DIRECTOR			ADDR	212			TE REC'D. BY	1985	(1) ROP	Not-K-AK.	TANDICO	UKC
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DEPARTMENT OF HEALTH AND MENTAL HYPERE

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medico		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	13-74-113	17 INFORMANT  1 Mrs. Evelyn	Miller, 1	ESS	ne se
er froumafic event, t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Canditions, if any, which gove rise to immediate cause (a), stating the	USED BY: DIATE CAUSE (0)  DUE TO, OR AS A	CARDIA  CONSEQUENCE OF	C ARREST	2109	5 BETW	PROXIMATE INTERVAL EEN ONSET AND DEA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS Sister) Mary Chrysostom Stakem 4/26/85 1. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS White Female July 1897 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED NEVER MARRIED USA Baltimore County Maryland DIVORCED WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Villa Assumpta, 6401 N. Charles St. Teachen Education DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Baltimore 6401 N. Charles St. - 2/2/2 15 MOTHER'S MAIDEN NAME M. FATHER'S NAME LAST Stakem James P. Ellen Cecilia Carev 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO LIEVES GIVE WAR OR DATEST 218-54-4216 No S. Angelina Catina - wame APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Congestive Heart Failers IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse io, stating DUE TO OR AS A CONSEQUENCE OF underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO 3 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF ÉITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 71e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE August 22a.l certify that (I) (this hospital) attended the deceased from April 26 sow the deceased alive on\_ and that in (my) (my) opinion death accurred on the date and hour and from the causes stated abave, (1) (metallid) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN. DIRECTOR PHYSICIAN 22e. ADDRESS Dr. Lawrence Boas, M. D. 54 Scott Adam Road, Cockeysville 21030 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230, BURIAL CREMATION, REMOVAL (SPECIF Burial STATE Glen Arm Villa Maria Balto., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Funeral Home 6500 York Road APR

DHMH - 16 60M 1/75 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

injury, ar other troumotic event, th

IMPORTANT: If Item 21 is marked at Item

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital

## FOR STATE REGISTRAR

## STATE OF MARYLAND **CERTIFICATE OF DEATH**

REG. NO.

I	I. DEC	EASED NAME	FIRST	N	MODLE	Ł.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
Ì	(LASE	OR PRINT)	Lucili	le Mari	e STEINH	OFF			April 8.	1985		4:20	a M
ı	). SEX			RACE	0 0 1 2 2 1 1 1 1	5. DATE C			6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR		
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t		Y OR TOWN OF DE		NAME OF H		G HOME C	R OTHER INSTITUT		12a USUAL OCCUPAT	ION	126. KIND C	F BUSINE	-
		ssville	X	Frank		are !	Hospita]		Housewi:		E) INDUSTRY		
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				1.01			sed_Head_						
1	z	PART 2 OTHER SIC	INIFICANT CO	NDITIONS <u>CC</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR COM	ADITION GIV	EN IN PART II	0	
1	ATIC	19a DATE OF OPER.	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20s AUTOPSY?	206 IF YES	S, WERE FINDI	NGS USED	)
1	CERTIFICATION								YES NOX	IN CERTIF	YING CAUSES	NO [	
ì		210. ACCIDENT WAS U		116. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 I	PART I OR PART 2)		
1	CAI	(IF EITHER, NOTIFY ME	DICALEXAMINER)	P./		19							
Ī	MEDICAL	214 INJURY OCCU	RRED	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET		CITY OR T	OWN	COUNTY	51	TATE
١		AT WORK AT W	ORK			In will		85	to April	8	19 85		
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	23a B	URIAL, CREMATION	, REMOVAL	236. DATE		AME OF C	EMETERY OR CREM	ATORY	234 LOCATION		2000		
		Buria	1	4/10	/85 Oa	k La	wn Cemet	V		Ltimo		1.	FATE
		INERAL DIRECTOR		7 **	ADDRESS -		2.1		REC'D. BY REGISTRA	256. REGIST	RAR'S SIGNA	Manda	W.
	(	Commelly	Funer	al Ho	me of I	unda	.IK	AP	COCI E 17	0		•	

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR 20. DATE OF DEATH DECEASED NAME TYPE OR PRINTS William STENGER Henry 1985 1:58p M April 13. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH White Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Pipe Mill-Retired Baltimore Md. 14 FATHER'S NAME Katherine 17 INFORMANT 16h SOCIAL SECURITY NO Mrs. Rose A. Stenger - 4722 Hellwig Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY Cardiopulmonary Arrest Severe Congestive Heart Failure Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION Chronic Ventricular Arrhythmia 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 21h. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE March 28, 220.1 certify that % (this haspital) attended the deceased from. April 19 85 saw the deceased alive an\_ and that in (16) (our) opinion death occurred on the date and hour and from the causes stated above, (Y (we) (did) (did not) view the bady after death DEGREE ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Paul R. Siddoway M.D. 9000 Franklin Square Dr., 21237 230. BURIAL, CREMATION, REMOVAL Gardens of Faith (em. STATE (SPECIFY) Burial

John (. Miller Inc-6415 Belair Road-212-6

250. DATE REC'D. BY REGISTEAR 256. REGISTIAN SERVICE NAMES

DHMH - 16 60M 7/84 (VRA 15, 4)

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23h DATE 5/4/85

Funeral Rome PA

TO DATE OF DEATH WORTH 25. HOUR April 30, 1985 & AGE INSTEARS LAST BIETHDAYS FUNCTER LISTAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17% KIND OF BUSINESS OF "881 50 Philadelphia Rd. 21237 Same 30s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY YES IT NO FT THE HOW INJURY OCCURRED I SINES HATURS OF PAGES IN TEM IS ARREST CORPORT TO COUNTY MARK and that in (my) (aur) opinion death occurred on the date and hour and from the source stated 71: DATE SIGNED 5/1/85 231 NAME OF CEMETERY OR CREMATORY 734 LOCATION 111478 I. O. O. F. Cemetery Burwsville. Var DATE REC'D. BY REGISTRAP ME REGISTRAR'S SIGNATURE 1407 Old Eastern AVMA

DHMH - 16 60M 7/84 (VRA 15, 41

23s BURIAL CREMATION, REMOVAL

Durial

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH EIRST 2h HOUR TYPE OR PRINTS Carrie Stransky 27, 1985 April 7:15p.M 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 7888 CAUCASTAN 96 FEMALE TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY ROSSVILLE FRANKLIN SQUARE HOSPITAL CLEANING JANITORIAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL BALTO 13g. STATE ROSEDA LE 13d. INSIDE CITY LIMITS? 508 DAYBREAK TERR. MI 21206 NO LEATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE PANUSKA ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LYES. NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 218305119 JOSEPH NOVAK 5508 DAYBREAK TERR 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary Arrest IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Respiratory Failure Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Congestive Heart Failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 4/23/85 Fractured Right Hip NOX NO [ YES [ 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE April 22 27a.1 certify that (this hospital) attended the deceased from 85 sow the deceased alive on above, (we) (did) (div and that in (M) (our) opinion death occurred on the date and hour and from the causes stated ot view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 4/27/85 AN'S NAME (TYPE OF PRINT) 22e ADDRESS John M. Vincent, M.D. 9000 Franklin Square Drive,

231 NAME OF CEMETERY OF CASA

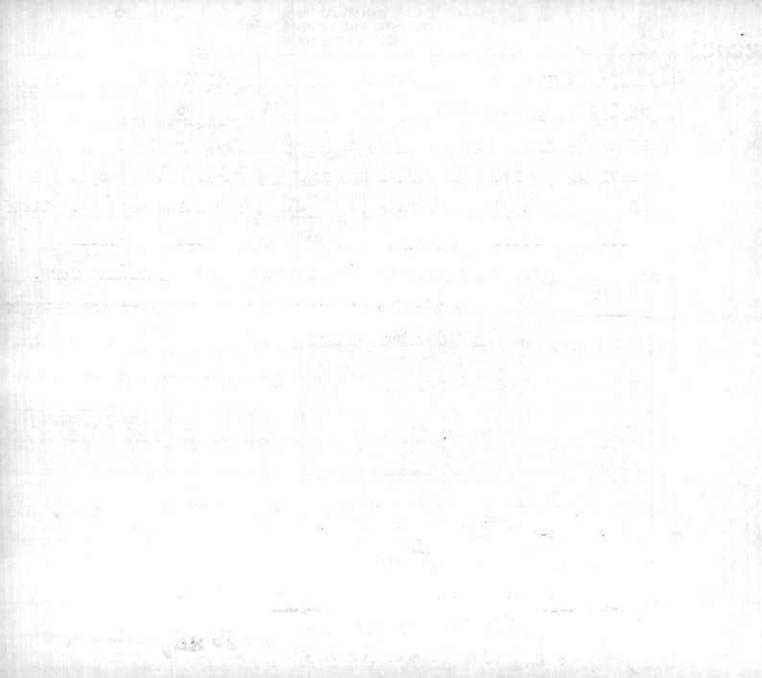
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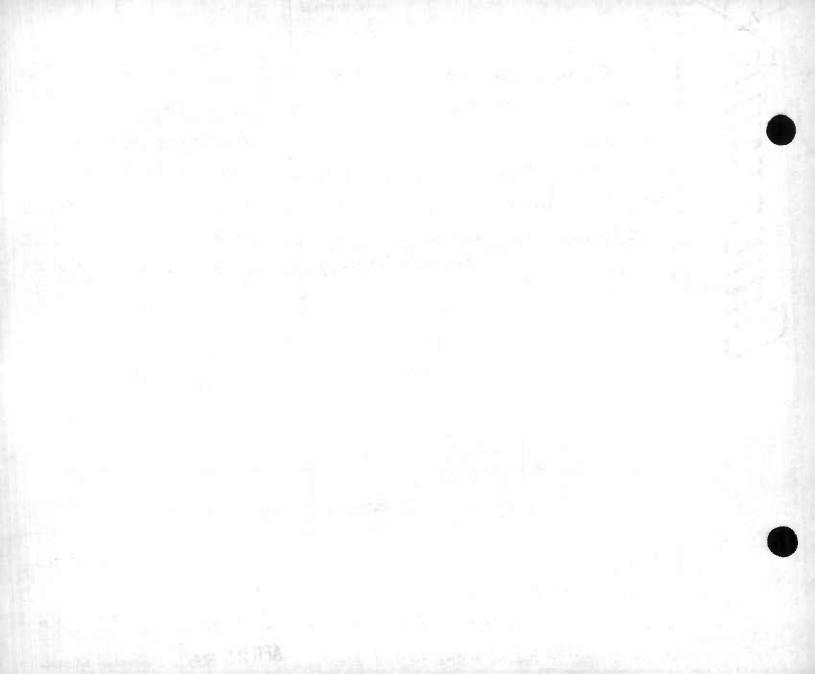
DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREA

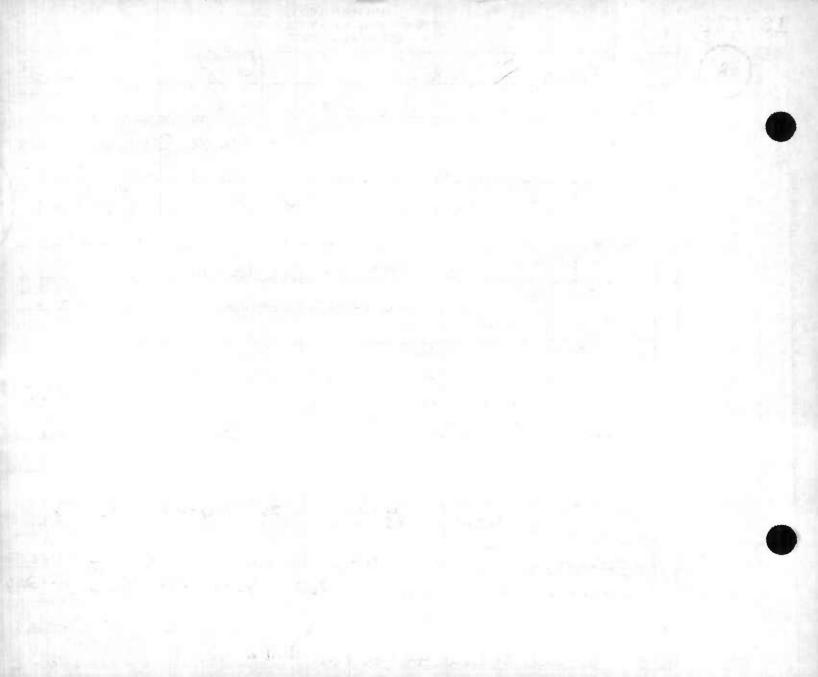
23h DATE

23d LOCATION





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neral di	m	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	Baltimore City	_	TY Y	MD.
rs offer d		ty or town of DEATH		HOSPITAL, NURSI CHFACILITY, GIVE STREE OGEPH		e other institution	120 USUAL OCCUPA	OF WORKING LIFE	INDUSTRY	TO DEPT.
in 24 hau	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUT	NTY	GIVE RESIDENCE BEFOR	WN	13d INSIDE CITY LIMITS? YES NO		ZIP CODE	Balto Ct.	Apt C
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oe execut n and co Pages 1		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	215 01	9191	17 INFORMANT FAMILY	RECORD	S S		
ST., BALT		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause pe D BY: TE CAUSE (a)			LLOBE PAGUA	MOVIA			MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours catending physician and completely filled in by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  The native many injury, or ather traumatic event, the medical examiner might be not red or them 18 shows any injury, or ather traumatic event, the medical examiner might be not attent.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU	JENCE OF					
e law requires the notation of the prior to burnit. Then ple ne prior to burnit was any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT CHRONIC OFS 190 DATE OF OPERATION	19h CONE	E PULM	HOPEBATIO	NOT RELATED TO THE TERM  DISCHAGE PER  N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
PHYSICIAN: The ic ending physician. this centinate has the burial-transit per ad Mental Hygene dar Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	OF INJURY		216. HOW INJURY OCCUP			tand .	
C PHYSIC G PHYSIC or this cer this cer ond Mental ond Mental ked or Itel	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	FARM, ETC )	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ATTENDI GLOR. A CTOR. A If use I Heal		220 I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did w	4	-24 19		d that in (my) (our) apinion	death accurred on the	date and hour		
HOSPITAL OR med by the hospital by the hospital bild by the hospital bild by the Stote Dept.		THE PHISTCIAN'S NAME (TYPE	OR PR (1)	_		ATTENDING PHYSICIAN 22e. ADDRESS		AFF ICIAN I	14/	125/85
TO HOSE inflated TO FUN wheeld b		JAMES W. BURIAL, CREMATION, REMOVAL				7620 ·	123d LOCATION	<d 70<="" td=""><td>oswo.</td><td>Naidol</td></d>	oswo.	Naidol
ВР	5	URIAL		-1985 T	RINIT	4 SPISCOPA	L LONG G		BALTO-	MARYTAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	5	JNERAL DIRECTOR NAME VANS CHAPSLO	FMzm	ORIZS H	8800 ARFOR	ROAD MA	TE REC'D. BY REGISTRA	RISS REGISTR	4 4	URE COLL



STATE OF MARYLAND

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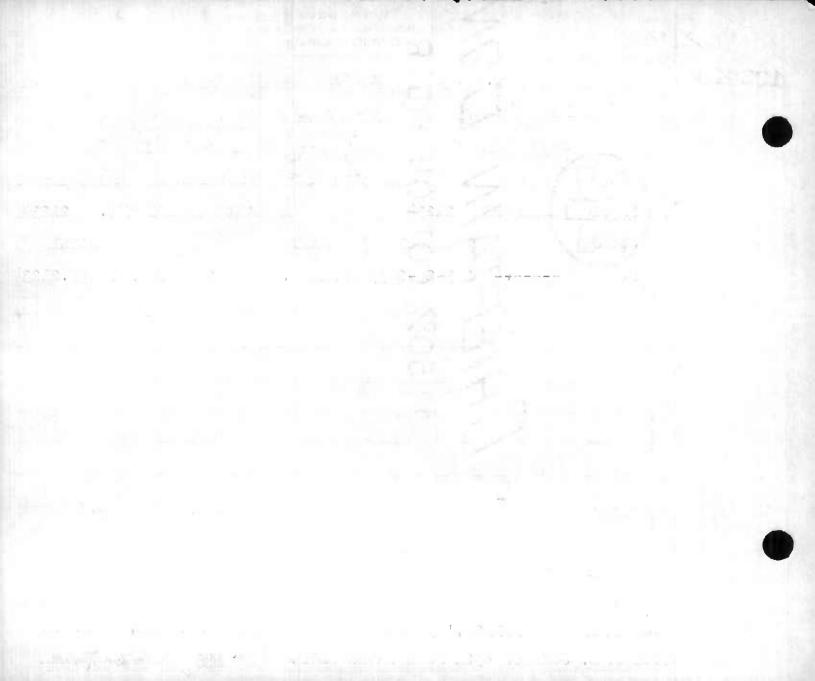
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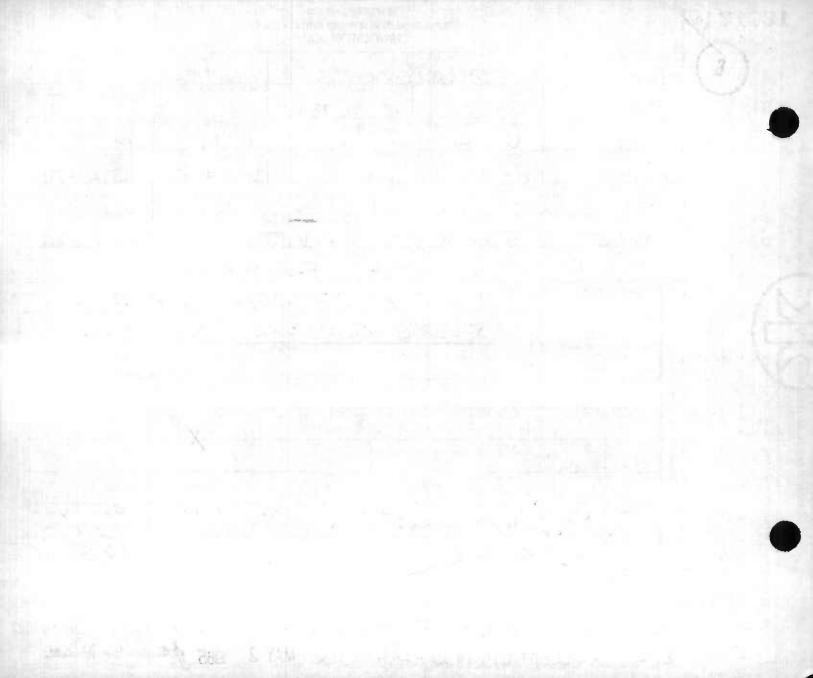
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





OR ATTENDING PHYSICIAN: The

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etoined by the haspitol ar offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and committee filled in by the formation day	should be detached far use as the burial-transit permit. Then please remave carbon papers. Page	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 21 is marked or Item, 18 shows any injury, or other troumotic events the medical manner.
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FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND JEALTH AND MENTAL HYG JICATE OF DEATH	SIENE REG. N	0 5 6	6	
EASED NAME FIRST		WIDDLE	l.	AST	2a. DATE OF DEATH	MONTH DAY	YE AR 2b	HOUR
Mary			SU	CHY	April 3	. 1985	1	:50p M
	A RACE CAUCA	ASIAN	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
THPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	- V	Baltimore city of Baltimore	R COUNTY OF D	EATH	MD.
SSVILLE		HOSPITAL, NURSII THEACULTY GIVE STREET KLIN SQU		HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	ION 12t	KIND OF BU DUSTRY	SINESS OR
RESIDENCE (IF NURSING HOME OR ATE. YLAND BALT	IMORE	ROSEDA		13d INSIDE CITY LIMITS? YES NO	13e.STREETABORESSA	KBAPE A	AVE. 2	21237
OSPEH	NIDDLE DA	AMILÓWSI	KI	IS. MOTHER'S MAIDEN NA		BUDI	1Y LAST	
AS DECEASED EVER IN U.S. ARA S NOOPUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	215010		17 INFORMANT THERESA WI	LLIAMS 79	-00	DALE A	AVE.
RECAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIATED IMM	DUE TO, O	Bronchop R AS A CONSEQU Pulmonary R AS A CONSEQU	DINEUMO JENCE OF LENCE OF				APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
PART 2 OTHER SIGNIFICANT C	ONDITIONS CO			dial Infarcti NOT RELATED TO THE TERM	VII	idition given in	PART Iro	
90 DATE OF OPERATION			OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF I	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	н	PFINJÜRY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I O	RPART ?	~
WHILE NOT WHILE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE

CERTIFICATION MEDICAL 85 , that X (we) lost

22a I certify that w (this haspital) attended the deceased from Rebruary 23, 19, saw the deceased alive an April 3 19, 85, and that in (my) (aur) of above y two) (did) (W. W. Art) view the body after death.

22b SIGNATURE DEGREE 221. DATE SIGNED 4.3.85 MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRI 22e ADDRESS Labib A. Labib, M.D.

236. DATE

/8

9000 Franklin Square Drive Balto, MD21237 23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN COUNTY STATE



24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

BURIAL

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(230-45)	11-	STATE REGISTRAR		N		CAL EXAMIN					н	REG.	NO			
# A Si Si Fi		CEASED NAME PE OR PRINT)	Rose		AAII	DDLE		udha 1	ter	1	OF	KNOWN ESTI- MATED			YEAR 19 85	2b. HOU
CTOR FILES FOUR TREET	3. SE	FEMALE 4.5	RACE	5. DATE OF BIR MONTH DA	AY	1907 78	EARS IF UT	NDER 1 YR.	IF UNDER 2		DATE ONOUN DEAD	ICED	MONTE	DAY	YEAR 1985	10:5
	7a B	IRTHPLACE (STATE PREIGN COUNTRY)	OR	76 CITIZEN OF	WHAT		8. MARR	IED NE	VER MARRIE DIVORCE	D			or cou	NTY OF D		I a
PAGES PAGES BE FILED	)	BALTIMOR	RE	7936	Dun	AL, NURSING HOM	age (		TION	12a. USUAL	OCCUP TOF WORK JSEW.	MOITA	TYPE OF WOR	AT H	D OF BU INDUSTR OME	RY
AND JOE AND JOE RETAIN P SHOULD BE CHECORDS	13a. S	TATE MARYLAND	N PURSING HOME O 13b. COUN E			E CITY OR TOWN BALTIMOR		13d INSIDE (	ITY LIMITS? NO 🛣	13. STREET	ADDRE DUI	Al NHILI	PT. 2 L VIL	04 # LAGE	2120 CIR.	7
A SECTION AND A	14 F.	ATHER'S NAME FIRST UNKNO	OWN	MIDDLE		COOPÉR		15. MOTHE	ER'S MAIDEN	J	JNKÑ	ÖWN		L	AST	
MIT. PAGES 1 AN	()	WAS DECEASED EY es, no, or unknown; NO	VER IN U.S. ARA			66 SOCIAL SECURI 212-01-01		17. INFORA	9 INGE	ARTHUF ELSIDE						228
S CRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR STITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED 10 THE CHIEF MEDICAL EXAMINER ALONG W SE 3 SHOULD BE USED AS A BURAL." RRANSIT PERMIT, RE DEPARTMENT OF HEALTH AND MENTAL HYGGINE, D OI PRIORITO BHOULD. CREMATION, OR REMOVAL.		Conditions, gave rise cause (a) sto lying cause 1	If any, which to immediate thing the under-	(b)	OR AS	erioscler A consequence A consequence	OF OF				lisea	ase		BETW	EEN ONSET	INTERVAL
ORD "PENDIN ORD "PENDIN CHIEF MEDIC TOF HEALTH, URIAL, CREM	CERTIFICATION	190. DATE OF OP				HICH OPERATION WAS PERFORMED?						20 AUTOPSY? HEADONLY YES LY NO				
ING THE WO ED TO THE O SHOULD BE EPARTMENT PRIOR TO BU	MEDICAL CERT	21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH I	A.M. M. P.M.	ONTH DAY YEA	R		OCCURRED	(ENTERNATU	JRE OF INJU	URY IN ITEM	18 PART I OR		<b></b>	140
- A - A	MED	21d. INJURY OCC WHILE NAT WORK				NJURY (AT HOME, FARM, ETC.)		CATION		CI	TY OR TOW	VN		OUNTY		STATE
THE CERTIFICATE SHOULD BE FOR RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND,		1/1/		e of the remains	111	above, held on cident , S	Autop vicide	, Homic	Inspection cide , PECIFY)	Undeterm		nner	and in my ], DAT SIGI		29/8	5
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	730 B	(TYPE OR PRINT)	Dell	nis F. S	mytl	M.D.		ADDKESS_	111 Pe	enn St		Balt	to.MD	•		
BP	(	BURIAI		MAY 1,19		PETACH T	IKVAF			ROSE	EDAL			rto.		МD
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTO NAME  6010 REIS		LEVINSON VN RD.	4633	BROS., IN		3721	250. DATE RE	Y 7	GISTRAI	Sid.	GISTRAR'S	SIGNATU	KE PARKET	L

## STATE OF MARYLAND & 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIFI	ICATE OF DEATH		REG. NO.			
		EASED NAME	FIRST		MIDDLE	7	AST 0.0	20 DATE OF DE		H DAY	YEAR 05	26 HOUR 5
1	SEX	F	HEL	4. RACE		5. DATE C	TYL UK	6 AGE (IN YEAR	S LAST BIRTHDAY	) IF UN	NDER 1 YEAR	7 A M
Ł		Fema		U	Vhite	MONTH	27 /2		70	YRS.	HS DAYS	HOURS MIN.
7		THPLACE (STATE OF	R FOREIGN		WHAT COUNTRY?		D NEVER MARRIED		CITY OR CO	UNTYOF	DEATH	4.
1	0 CIT	Y OR TOWN OF DE	ATH	U.S.A.			DROTHER INSTITUTION	120 USUAL OC		70	2b. KIND O	F BUSINESS OR
	7	0W50	N	(IF NOT IN SUC	CH FACILITY, GIVE STREET		Hosp.	Housew		KING (JFE)	NDUSTRY	
-	Ja Si	RESIDENCE (# NUF	13b. COUN		13: CEY OR TOW Dundalk	7N	13d. INSIDE CITY LIMITS?	13e.STREET ADI	DRESS / ZIP	CODE	Ku	(a) ( -3/)
i	LEA	HER 5 NAME	•	MIDDLE	LAST		15 MOTHER'S MAIDEN N		AIDDLE	Jur.	LAS	412
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		AS DECEASED EVE S, NO OR UNKNOWN)		WED FORCES?	219-60-		Patricia J.	Chaney	ADDRESS 16	544 Ma alto.		
		PART I. DEATH	IMMEDIATE		R7s Acces	Tre OF	myseard	al win	frid	en		
	TION	Canditions, if am gave rise to im couse (a), statunderlying caus PART 2. OTHER SIG	y, which nmediate ing the e last.	DUE TO, O    Ib)   DUE TO, O    CO   ONDITIONS CO	R AS A CONSEOU	DEATH BUT	Myocard					
	TIFICATION	Canditions, if any gave rise to imcause (a), stati	y, which nmediate ing the e last.	DUE TO, O    Ib)   DUE TO, O    CO   ONDITIONS CO	R AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TER	200 AUTOPS	SY? 20b.	. IF YES, WE	ERE FINDING CAUSES	
	CERTIFIC	Canditions, if am gave rise to im couse (a), statunderlying caus PART 2. OTHER SIG	IMMEDIATE  y, which imediate ing the e lost.  NIFICANT CO  ATION  DERLYING  CAUSE OF DEAL	DUE TO, O  DUE TO, O  (c)  19b. COND  19b. COND  11b. TIME C HOUR A.	R AS A CONSEOU	DEATH BUT		200 AUTOPS	20b.	IF YES, WE CERTIFYING YES	ERE FINDING CAUSES	IGS USED OF DEATH?
	MEDICAL	Canditions, if any gave rise to im cause (a), state underlying caus  PART 2. OTHER SIG	IMMEDIATE  y, which imediate ing the e last.  ATION  ATION  CAUSE OF DEAI DICAL EXAMINER]  RRED  PHILE  DIM  THE TIME TO THE T	DUE TO, O  DUE TO, O  ONDITIONS CO  19b. COND  14b. TIME C HOUR A. P. 21b. PLACE (AT HOME, STI	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY M. MONTH D  M.  OF INJURY REET, FACTORY, OFFICE,	DEATH BUT  OPERATION  AY YEAR  19	n was performed	200 AUTOPS  YES N  RRED (ENTER NATUR	20b.	IF YES, WE CERTIFYING YES	ERE FINDING CAUSES  OR PART 2)  COUNTY	IGS USED OF DEATH? NO
	MEDICAL	Canditions, if any gave rise to im cause (a), state underlying caus  PART 2. OTHER SIG	IMMEDIATE  y, which imediate ing the e last.  NIFICANT CO  ATION  DERRYING CAUSE OF DEAT DICAL EXAMINER)  RRED  HILL  (this house sed alive and	DUE TO, O  DUE TO, O  ONDITIONS CO  19b. COND  14b. TIME C HOUR A. P. 21b. PLACE (AT HOME, STI	ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY OFFICE.	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	216. HOW INJURY OCCU 216 LOCATION STREET  19 217 19 218 219 219 219 219 219 219 219 219 219 219	200 AUTOPS YES N RRED (ENTERNATUR  To Meath accurred o	20b. IN (  20c OF INJURY IN IT  EITY OR TOWN  The date or  STAFF	IF YES, WE CERTIFYING YES TEEM 18 PART 1	OR PART 2)	IGS USED OF DEATH? NO  STATE
и.	MEDICAL	PART I. DEATH N  Canditions, if any gave rise to improve the cause Ial, state underlying cause  PART 2. OTHER SIGNATURE OF OPERATOR OF OPERATOR OF OPERATOR OF CONTRIBUTING INJURY OCCUMENT WAS UNITED TO THE CONTRIBUTION OF	IMMEDIATE  y, which imediate ing the e last.  SNIFICANT CO  ATION  DERLYING CAUSE OF DEAT  CAUSE	DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  21b. TIME C  HOUR A.  P.  21e PLACE (AT HOME, STI	ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  M. MONTH D  M.  OF INJURY  REET, FACTORY OFFICE.	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	21c. HOW INJURY OCCU 21f. LOCATION STREET  19 and that in (x) (aur) apinion DE GREE	200 AUTOPS YES N RRED (ENTERNATUR  To Meath accurred o	20b. IN (  20c OF INJURY IN IT  EITY OR TOWN  The date or  STAFF	IF YES, WE CERTIFYING YES TEEM 18 PART 1	OR PART 2)	IGS USED OF DEATH? NO  STATE
	WEDICAL	Canditions, if any gave rise to imcouse 101, state underlying caus  PART 2. OTHER SIG  90 DATE OF OPER/  210. ACCIDENT WAS UP  OR CONTRIBUTING	IMMEDIATE  y, which imediate ing the e last.  SNIFICANT CO  ATION  ATION  CAUSE OF DEAL  DICALEXAMINER)  RRED  WHILE  CHIST  CHI	DUE TO, O  (c)  DUE TO, O  (c)  19b. COND  1	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY M. MONTH D M.  OF INJURY REET, FACTORY OFFICE.  THE decirated from a characteristics of the control of the characteristics of the characteri	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)  MID  NAME OF C	216. HOW INJURY OCCU 211 LOCATION STREET  , 19 and that in (N) (our) apinion PEGREE  ATTENDING PHYSICIAN	200 AUTOPS YES   N RRED (ENTER NATUR  death accurred of DIRECTOR    23d LOCATIK CITYOR	E OF INJURY IN IT  ITY OR TOWN  THE date ar  STAFF  PHYSICIAN  ON  TOWN	IF YES, WE CERTIFYING YES TEM 18 PART 1	COUNTY  COUNTY	IGS USED OF DEATH? NO  STATE

21222

Dundalk, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

7922 Wise Avenue

- STATE

3. SEX

Ohio

REGISTRAR

Male

70 BIRTHPLACE (STATE OF FOREIGN

John

4 RACE

DECEASED NAME TYPE OR PRINT

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MIDDLE LAST MONTH 2h HOUR Taylor April 20, 1985 W. 4:30P 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) White August 1,1908 76 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED DIVORCED | 120 USUAL OCCUPATION Engineer WORKING LIFE) 21219 Railroad

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR Edgemere 9106 AVENUER APRESS) Baltimore 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Marvland Edgemere 9106 Avenue A 21219 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Taylor Martha Not Known ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21052 (IF YES GIVE WAR OR DATES) No 705-10-9583 George Labuda Box 205 Ft. Howard BETWEEN ONSET AND THA 18. CAUSE OF DEATH (Enter only one couse per line for (0), 16: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased olive an, (our) opinion death accurred on the date and hour and fram the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHIS CIAN S NAME LEVEL OF PRINT 22e ADDRESS

(VRA 15, 4)

DHMH - 16 60M 7/84

should be det with the State MPORTANT:

8

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home 7922 Wise Ave.

Burial

230. BURIAL CREMATION, REMOVAL

4/23/85

TLETONI

Oak Lawn

Dundall MD 21222

23E NAME OF CEMETERY OR CREMATORY

Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 2.3 1985

STATE OF MARYLAND

11-3-5 M 1-5-5 - 47 Party 199 - Co Danier Deliver & Landers and Table & 11-6-12- 4 8 4-4-17/2/14 Before a de la company de la c

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	CAY YEAR 25 HOUR
MINNI	E L.	TERRY	0.4	30 '85 2:00PM
1. SEX 4. F	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	February 26, 19	TRO	
To: BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
COUNTRY Va.	USA	WIDOWED DIVORCED	□   BALTIMORE C	
TOWSON GI	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE REATER BALTO	NG HOME OR OTHER INSTITUTION (ADDRESS)  MED CENTER	CTYPE OF WORK FOR MOST OF WORKING	125. KIND OF BUSINESS OR INDUSTRY  B.M.C. Ret.
DUAL RESIDENCE (IF NURSING	ER INSTITUTION GIVE RESIDENCE BEFORE  131. CITY OR TOV  Baltimo		13 STREET ADDRESS / ZIP CO	enue 21206
4 FATHER'S NAME FIRST MIDE	Jackson	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. ARMEI		URITY NO. 17. INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES, GIVE WA	217-03-	2415 Mr. Clint	on H. Terry Same	
18 CAUSE OF DEATH (Enter only o	one cause per line for (a) (b) a	nd (c) i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DARTI DEATH WAR CALICED B	V		DDECT	St. Hill Const. And St.
IMMEDIATE C	AUSE (a) LARIII U -	RESPIRATORY A	RRESI	
	DUE TO, OR AS A CONSEQU	ENCE OF		The state of the state of
Canditions, if any, which		TIC LUNG CANC	FR	
gave rise to immediate	0)	THE PURE CARE		
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	ENCE OF		
anderlying cause last.	(c)			
	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION O	SIVEN IN PART 11a
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Vin comprison son while	LODERATION WAS DEDECORATED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
190 DATE OF OPERATION	195. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		TIFYING CAUSES OF DEATH?
#			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CURRED (ENTER NATURE OF INJURY IN ITEM ).	B PART I OR PART 2}
OR CONTRIBUTING CALLES OF BEATH		DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION		
21d INJURY OCCURRED	21e PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE				0.5
22a.1 certify that (1) (this haspital)	attended the deceased fram,	4/13	85 <sub>to</sub> 4/30	
saw the deceased alive an abave, (f) (we) (did) (did nat) vi	4/30 19	85 and that in (my) (aur) ap	inian death accurred on the date and h	aut and from the causes stated
	iew the bady after death.			224 DATE SIGNED
226 SIGNATURE 11 AD IS		DEGREE ATTENDI	NG MEDICAL STAFF	16/30/14
Mounder		PHYSICI.		19/5400
27d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e. ADDRESS		
DAVID G. R	OBERTS, M.D.	. GBMC -	6701 N. CHARLES	ST.
230 BURIAL, CREMATION, REMOVAL	736. DATE 73c.	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	
Burial	May 3,1985	Philos	Westernport	Alleganev Md.
	0 21-2-2		DATE REC'D. BY REGISTRAR 256. REG	

DHMH - 16 60M 7/84 (VRA 15. 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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buckers, beer led that the brown,

2	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	FMARYLAND & THE AND MENTAL HYPATE OF DEATH	GIENE REG. NO	3 7	2.	
		CEASED NAME FILL OR PRINT) PAU	rst JL	MIDDLE	LAST	DV	26 DATE OF DEATH MONTH DAY YEAR 25 HOUR 4 19 85 5:00			
3	3 SEX		4 RACE		5. DATE OF B		6 AGE (IN YEARS LAST BIRTH			
		Male	Cauc	asian	MONTH	27 1898	87	MONTHS	DAYS HOURS MIN.	
1		THPLACE (STATE OR FOREH		WHAT COUNTRY?	8		9 BALTIMORE CITY OR	COUNTY OF DEA	DEATH	
8	Mass.		U.S	S. A.	WIDOWED D	NEVER MARRIED DIVORCED	Baltimo:	re Co.	MD.	
		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR		120 USUAL OCCUPATIO	N 126. KI	ND OF BUSINESS OF	
0		Baltimore	St.	Agnes I	Hospit	al	Ins. Sal	es Mo	numenta]	
	13a. S		HOME OR OTHER INSTITUTION COUNTY Salto.	134 CITY OR TOW Catons	N: 77 113	. INSIDE CITY LIMITS?	13. STREET APPRESS /	zip code ers lane	21228	
0	14 FA	THER'S NAME FIRST OSCAP	WIDDLE	Terry	15.	Esther	AME	Thor	rpe	
	17	AS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES) WW 11	216-09-		INFORMANT Evelvn An	ADDRES drae Same a			
			ote (b)_ote (b)_DUE TO. (c)_	OR AS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO C	NCE OF	T RELATED TO THE TERA	MINAL DISEASE OR COND	ITION GIVEN IN PA	RT 110	
2	MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING   [IF EITHER NOTIFY MEDICALE)	ING 216. TIME ( E OF DEATH XAMINER) F	P.M.	Y YEAR	t HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE F ÎN CERTIFY ÎNG CA YES ] IN ÎTEM 18 PART I ORPAI	USES OF DEATH?	
	MED	WHILE AT WORK AT WORK		OF INJURY TREET FACTORY, OFFICE, F.		LOCATION STREET	CITY OR TOW	N COUN	TY STATE	
				- 10 19			death occurred on the date	e and hour and from	, that (1) (we) los in the couses stated	
		22b. SIGNATURE	SSIGM	100	DEC	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	. / 1	DATE SIGNED	
		22d PHYSICIAN'S NAME	(YHRE OR BRILIT)		100	a. ADDRESS				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP\_

MacNabb Funeral Home

4-22-85

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Cremation

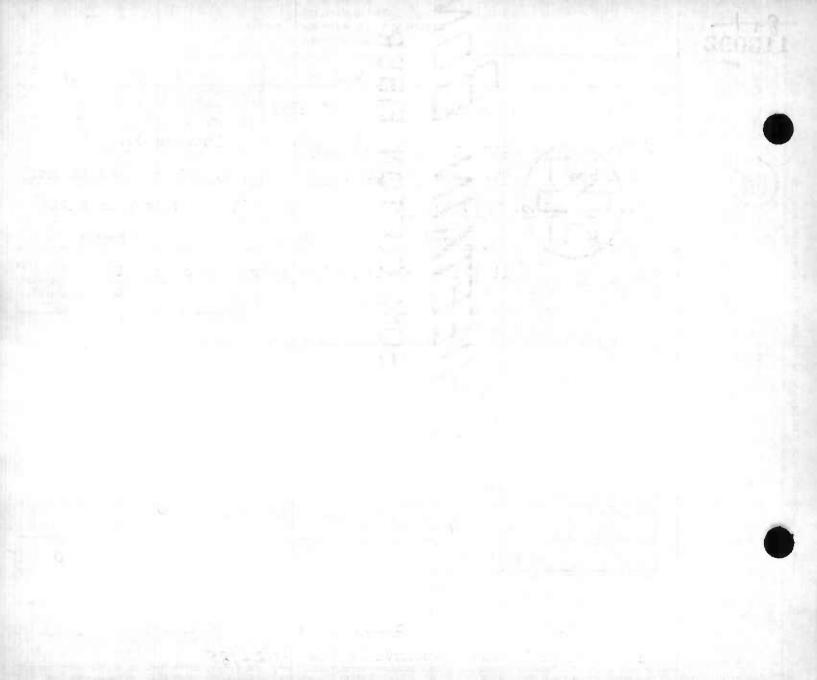
24 FUNERAL DIRECTOR

Catonsville Md

23c. NAME OF CEMETERY OR CREMATORY

22/85

Md



O. Train

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	٥.				
	ECEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH	DAY	YE AR	26 HOL	JR
	THE CHEMINALI	John I	rancis	Thiess			April 1.	1985	37			M
1.5	EX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER	R 24 HRS
1	Male	tall .	White	3	-	mber 2, 1939	45	YRS				
7a	BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	DE NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DE	ATH		
1	Maryland	756	U.S	S.A.	WIDOWE		Baltimore	Coun	t.v			MD
10	CITY OR TOWN O	FDEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. F		BUSIN	ESS OR
A	iddle Ri	ver		en FACILITY, GIVE STREE		21220	Machine Ope				Con	unty
Us	UAL RESIDENCE ()	F NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					LUUA	LEGI	mey
	aryland	Reld	imore	Middle F		13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS			3 6	7 220	•
	FATHER'S NAME	DGL.	ATTIOL O	PALGOTTE I	TAGT	15. MOTHER'S MAIDEN NA		Uro	Ve) IV	1.	1721	J
1	FIRST		MIDDIE	LAST		FIRST	MIDDLE			IAS1		
4	James WAS DECEASED			16b. SOCIAL SEC	LIBITY NO	17 INFORMANT	cothy Diller		-			
lou	LYES, NO OR UNKNOW		E WAR OR DATES)									
_	NO		-	218 36	0009	Betty Ann Th	niess		same			
				r line far (a), (b), a	nd (cv.)	. 1			88	TWEEN C	MATE INTE	RVAL DEATH
1	PART I. DEA	TH WAS CAUSE	D BY: TE CAUSE (a)		duno	ma lund						
1		IMMEDIA	E CAOSE (0)									
1			DUE TO, C	R AS A CONSEOL	JENCE OF							
1	Conditions, if		(b)_									
	gave rise to	immediate	)									
1	couse (a), underlying		DUE TO, C	R AS A CONSEOL	JENCE OF							
	- underlying	1031.	( (c)_									
		SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN P	ART 110		
l g												
CERTIFICATION	19a DATE OF O	PERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE			
1 8	1		1				YES T NOT		IFYING C	AUSES	OF DEA	
1 3	21g. ACCIDENT W	AS LINDERLYING F	216. TIME C	OF IN ILIRY		21c HOW INJURY OCCUR				ADT 71	140 [	
	OR CONTRACTOR	CAUSE OF DEA	110110 1	M. MONTH	DAY YEAR	The field was out occord	KED TENTER WATORE OF 1930	KT HTTLM TO	FART LON	aki aj		
13	(IF EITHER NOTIF	Y MEDIC AL EXAMINER		.M.	19							
MEDICAL	21d INJURY OC	CCURRED		OF INJURY REET, FACTORY OFFICE.	FARM FTC )	21f LOCATION STREET	City dicta	66	1000	N(TP)		STATE
1 2	Company of the Compan	AT WORK	(ATTIONE ST	REEL, FACTORY OFFICE.	, rann, crc j			1 /				
1			tal) attended t	ne deceased from.	The same	12 10 8	X1 10 /4	111	10 1	5	hot (I) I	wer level
1				0		nd that in (my) (our) opinion	death occurred on the d	he and he	sur and fre	om the	country of	oted
1		eceased alive an web (did) (did no	t) view the body	after death.			7			withhir-	Year or	,
	22b. SIGNATUR	Nov	m			DEGREE ATTENDING	MEDICAL STA		1210	CA	SIGNED	20
		h m				PHYSICIAN [	DIRECTOR   PHYSIC			11	1/0	30
7	22d. PHYSICIAN	S NAME THE	OR PRINT)			22e ADDRESS	IKLIN SO.	Dr		1	1	
		1117	0 16	MM		19101 FRATI	CA TI	MD	7	12	3	7
774	JURIAL, CREMAT	ION REMOVAL	23b. DATE	1 73,	NAME OF C	EMETERY OR CREMATORY	123d, LOCATION	1		100	-	
1"	DRIAL, CREMAI	IOIN, NEMOVAL					CITY OR TOWN		COUNT	Υ		STATE
K	burial		4/4/8	35 F	arkwoo	od Cemetery	Baltimon		ount	r Mo	nv)	has
( 24.	FUNDAL DIRECTO	OR	legez	refer		60.	E REC'D. BY REGISTRAR	25b. REGIS		IGNAT	JRE . IT	750
B	ruzdzinsk	a funer	a) Home	PA 1407	Old I	Castern Ave. 🎮	IFK Z 1985	100	Lynn 30	200	Waster	

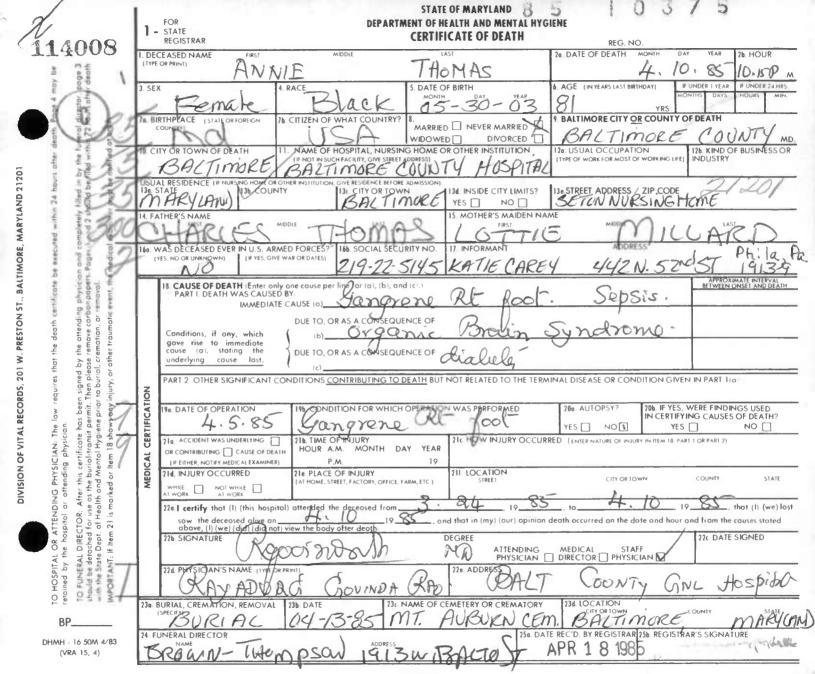
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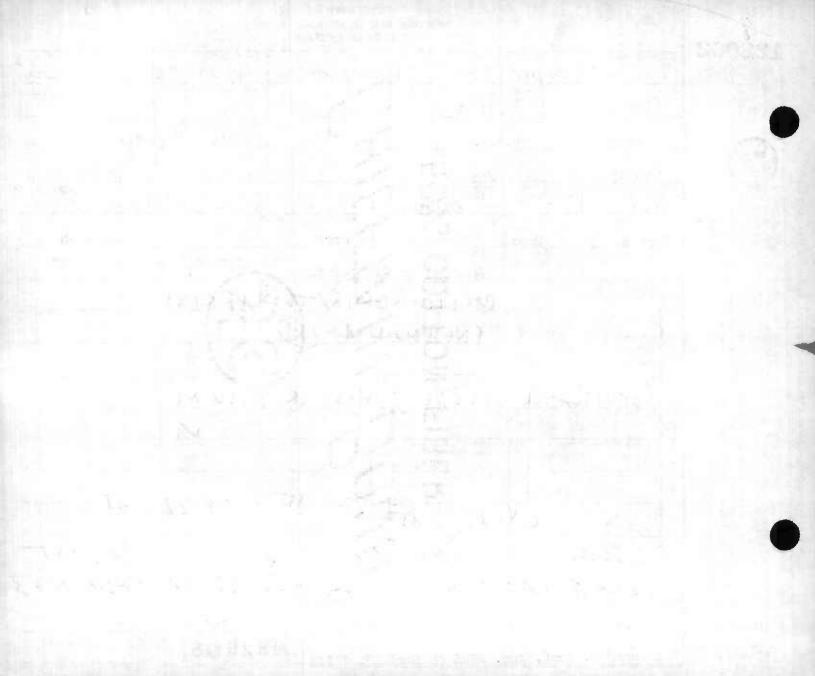
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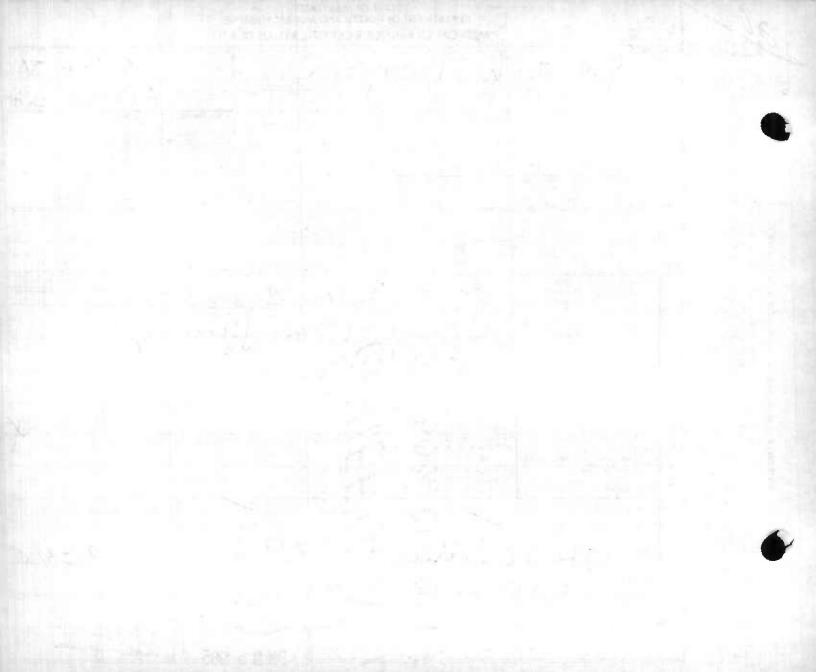




STATE OF MARYLAND



7					E OF MARYLAND	i 0	3 7 1
0/	1-	FOR STATE			EALTH AND MENTAL		
19036		REGISTRAR CEASEDNAME FIRST	ME	MIDOLE O	LAST	KEO; I	
		E OR PRINT)	A WOOD	11	05 10 -	20. DATE KNOWN OF ESTI-	MONIN BAY YEAR IN HO
S NECESSARY PLEASE FUNERAL DIRECTOR. S FOR TOUR FULES. W. PRESTON STREET.	2 051	Jouer	4.1	- INOW	1200	DEATH MATED	1/20180 PA
PLE RECI FA STR STR	3. SE)		5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN PRONOUNCED	1/23/80 3
0 2 0	Ma.		3 4	1912 73 YRS	5.	DEAD	1000
RES	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MAR	RIED L	OV COUNTY OF DEATH
5 × 5 × 5	Be	thlehem, PA.	U.S.A.		WIDOWED DIVOR		
2 SHOULD BE FILED, V		TY OR TOWN OF DEATH	( IF NOT IN SUCH F	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)		17a. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
1800		ndalk	18 Liber	ty Parkway 2	21222	Engineer	Steel Mfgr.
555		L RESIDENCE (IF IN NURSING HOMI TATE 13b. COU	NTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		
50			imore	Dundalk	YES NO		rkway 21222
230	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIL FIRST	DEN NAME MIDDLE	LAST
50		lliam	J.	Thompson	Marion	E.	Shimer
and the	16a. V {Y	VAS DECEASED EVER IN U.S. A ES. NO, OR UNKNOWN) (IF YES, GIT	RMED FORCES?	166. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRES	S
1	No			218.10.7808	Mrs. Lor	ene M. Thompsor	(same as 13e)
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only ane cause per line	e far (a), (b), and (c).)	. 1	1.1	APPROXIMATE INTERVA BETWEEN ONSET AND DE
Ž			ATE CAUSE (o)	cuty (	andler C	west	
N, OR REMOVAL.			DUE TO, OF	AS A CONSEQUENCE O	0	00	
REMOVA		Conditions, if any, which		orma	my mou	Muc	
REA		cause (a) stating the underlying cause last.		ASA CONSEQUENCE O	7	00	1
Ö.		lying coose iosi.	(c)	14200	12		
0		PART 2 DIHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN I	PART 1 (a).	
CREMATION, O	MEDICAL CERTIFICATION						
AL, CRI	CA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
PRIOR TO BURIAL,	RTIF	and the same of th					YES NO
3	CE	21a EXTERNAL CAUSE WAS	216. TIME O HOUR A.A	A. MONTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM )	B PART I OR PART 2)
	ICA	CONTRIBUTING CAUSE O					
5	MED	21d. INJURY OCCURRED		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STA
		WHILE NOT WHILE AT WORK	Ц				
, 21201 PI		22a I certify that I took cho	rge of the remains de	senbed above, held an	Autopsy , Inspect	ian . Inquiry	ind in my apinian
N N		death resulted from: Nat	tural causes	Accident, Suic	ide . Homicide .	Undetermined manner	
MARYLAND, 21			. 0	0.0	TITLE (SPECIFY)		-/-
W.		ACTUAL SIGNATURE	OCH	atters	M.D.	MEDICAL EXAMINER	DATE 2/23/8
ORE				. 0 -			1-1-
BALTIMORE, MA	-	(TYPE OR PRINT)	HEU (	ATI	E PSOHESS 3427	Dundalk Avenue	21222
80 A	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	Cr	emation	4/24/198	35 Green Moi	int Crematory	Baltimore,	MD
17		UNERAL DIRECTOR	ADDRES		25a. DATI	E REC'D. BY REGISTRAR 25b. REC	
ME (5))	TATO	1tox Prooled Pr			21222	BOE MOE	mundoon Tandalle



- cdernr read and the second of the sec CARDIO CESPICATORY COLLAPIE Totalle a selle to certific or una 1212 to the B 145 Lucia

4		EGISTRAR	FIRST		WIDDLE	NER'S CERTIFICATE	20. DATE KNOV	G. NO.	Y YEAR 2b. F
1		OR PRINT)				TTDVALAN	OF ESTI DEATH MATE	D Whall	1.50-11
1 3	SEX		DON/	S. DATE OF BIRTH	6. AGE (IN Y	TIDYMAN  EARS IF UNDER 1 YR. IF UND	PER 24 HRS 2c DATE	MONTH DA	Y YEAR 2d
1				MONTH DAY	YEAR LAST BIRTHI	DAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	Abril L	1. ST 11
15	7n BID	THPLACE (S	White	9 24		To Table	9 BALTIMORE	CITY OR COUNTY OF	DEATH
1	FORE	EIGN COUNTRY)				MARRIED NEVER MA	DCED TI		
	A CITY	OHI (		US	ITAL NURSING HOM	WIDOWED DIVO	IZE USUAL OCCUPATION	MORE COU	IND OF BUSINE
St	po. CII	I OK IOWIN	OI DEAIII	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS	ic, or office a formation	FOR MOST OF WORKING LIE	FE)	OR INDUSTRY
4	1	TOWS	NC	AE OR OTHER STTUTION OV	SEPH HOSE	LTAL	MILITARY	y -Majorl	U.S.A.
ZI:	I ST		13b COI		13c. CITY OR TOWN	13d INSIDE CITY LIMITS	13e STREET ADDRESS		
1	Mar	yland	BA	TIMORE	GLEN AF		11714 MAN	OR RD	21057
H	4. FA	HIER'S NAME		WIDDLE	LAST	15. MOTHER'S MA	IDEN NAME MIDDLE		LAST
	Sco				Tidyman	Esther			Dine
1	16a. W.	AS DECEASE	D EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURI	TY NO. 17. INFORMANT	ADI	DRESS	
3	Yes			II & KOREA	282-14-84	53 A Julia S	. Tidyman - S	ame as #13	}e
' F		18 CAUSE C	F DEATH (Enter	anly ane cause per line	(a) (b) and (c) )		2		APPROXIMATE INTE
JRAL, CREMATION, OR REMOV		gave ri cause (a	ns, if any, whi se to immedia ) stating the <u>und</u>	ate (b)	AS A CONSEQUENCE	D week	Colonery	Insuff	2+7
	ATION	gave ri cause (a lying cou	se ta immedia ) stating the <u>und</u> use last.	DUE TO, OR A  (c)  ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	ENATION WAS PERFORMED?	(OLDINGO)	Insuff	2+7
2	HICATION	gave ri cause (a lying cou	se to immedia ) stating the <u>und</u> use last.	DUE TO, OR A  (c)  ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN	(Olempre)	Dranff 20	AUTOPSY? YES \( \) N
	CERTIFICATION	gave ri cause (a lying cou PART 2 OTNER SI 19a. DATE OF	se to immedia stating the und use last.  GNIFICANT CONDITION  COPERATION  AL CAUSE WAS	ONS CONTRIBUTING TO OFATH B  19b. CONDIT	UT NOT RELATED TO THE TER ON FOR WHICH OPE INJURY	RATION WAS PERFORMED?	PART 1 101		
12.5	AL CERTIFICATION	gave ri cause (a lying cou PART 2 OTNER SI 19a. DATE OF 21a. EXTERNA UNDERLYING	Se to immedia stating the und use last.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS	DIS CONTRIBUTING TO GEATH B  19b. CONDITI  21b TIME OF HOUR A.M.	UT NOT RELATED TO THE TER ON FOR WHICH OPE INJURY MONTH DAY YEA	RATION WAS PERFORMED?			
23	EDICAL CERTIFICATION	gave ri cause (a lying cou PART 2 OTNER SI 19a. DATE OF 21a EXTERN, UNDERLYING CONTRIBUTI	GNIFICANT (ONOITION  COPERATION  AL CAUSE WAS  GOR  OCCURRED	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M.  DF DEATH P.M. 21e. PLACE O	UT NOT RELATED TO THE TER ION FOR WHICH OPE INJURY MONTH DAY YEA 19 OF INJURY (ATHOME.	RATION WAS PERFORMED?  21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)	
2	DICAL C	gave ri cause (a lying cou PART 2 OTNER SI 19a. DATE OF 21a EXTERN, UNDERLYING CONTRIBUTI	GNIFICANT (ONOITION  COPERATION  AL CAUSE WAS  GOR  OCCURRED	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M.  DF DEATH P.M. 21e. PLACE O	UT NOT RELATED TO THE TER ION FOR WHICH OPE INJURY MONTH DAY YE/ 19	ERATION WAS PERFORMED?			
23	MEDICAL CERTIFICATION	gave ricause (a lying course) PART 2 OTHER SI 19a. DATE OF 21a. EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK	GNIFICANT CONDITION  TO PERATION  AL CAUSE WAS  OR  NG OR  NG CAUSE COCCURRED  NOT WHILE  AT WORK	ONS CONTRIBUTING TO GEATH B  19b. CONDITI  21b. TIME OF HOUR A.M. DF DEATH 21e. PLACE O STREET, FACTO	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  OF INJURY (AT HOME, DRY, FARM, ETC.)	RATION WAS PERFORMED?  21t. HOW INJURY OCCUI  21f. LOCATION  STREET	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)  COUNTY	YES   1
23	MEDICAL CERTIFICATION	gave ricause (a lying course) PART 2 OTHER SI 19a. DATE OF 21a. EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK	GNIFICANT CONDITION  TO PERATION  AL CAUSE WAS  OR  NG OR  NG CAUSE COCCURRED  NOT WHILE  AT WORK	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b. TIME OF HOUR A.M.  DF DEATH P.M. 21e. PLACE O	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  IF INJURY (AT HOME.  ORY, FARM, ETC.)	RATION WAS PERFORMED?  21c. HOW INJURY OCCUI  21f. LOCATION  STREET  Autopsy	CITY OR TOWN	ITEM 18 PART   OR PART 2)	YES   1
12.85	MEDICAL CERTIFICATION	gave ricause (a lying course) PART 2 OTHER SI 19a. DATE OF 21a. EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK	GNIFICANT CONDITION  AL CAUSE WAS  GOOD CAUSE  OPERATION  AL CAUSE WAS  GOOD CAUSE  OF CAUSE  AT WORK  If y that I taak ch	ONS CONTRIBUTING TO GEATH B  19b. CONDITI  21b. TIME OF HOUR A.M. DF DEATH 21e. PLACE O STREET, FACTO	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  IF INJURY (AT HOME.  ORY, FARM, ETC.)	RATION WAS PERFORMED?  216. HOW INJURY OCCUI  216. LOCATION  STREET  Autopsy, Inspec	CITY OR TOWN  Chion Inquiry  Undetermined manner	ITEM 18 PART 1 OR PART 2)  COUNTY	YES .
23	MEDICAL CERTIFICATION	gave ricause (a lying couse (a lying couse) (a lying couse) (a lying couse) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	GNIFICANT CONDITION  AL CAUSE WAS  GOOD CAUSE  OPERATION  AL CAUSE WAS  GOOD CAUSE  OF CAUSE  AT WORK  If y that I taak ch	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b TIME OF HOUR A.M. DF DEATH P.M.  21e. PLACE O STREET, FACTO	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  IF INJURY (AT HOME.  ORY, FARM, ETC.)	RATION WAS PERFORMED?  21c. HOW INJURY OCCUI  21f. LOCATION  STREET  Autopsy	CITY OR TOWN  Chion Inquiry  Undetermined manner	ITEM 18 PART 1 OR PART 2)  COUNTY	YES N
23	MEDICAL CERTIFICATION	gave ri cause (a lying cou- PART 2 OTNER SI  19a. DATE OF  21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi	GNIFICANT CONDITION  AL CAUSE WAS  GOOD CAUSE  OPERATION  AL CAUSE WAS  GOOD CAUSE  OF CAUSE  AT WORK  If y that I taak ch	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b TIME OF HOUR A.M. DF DEATH P.M.  21e. PLACE O STREET, FACTO	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  IF INJURY (AT HOME.  ORY, FARM, ETC.)	RATION WAS PERFORMED?  216. HOW INJURY OCCUI  216. LOCATION  STREET  Autopsy, Inspec	CITY OR TOWN  Chion Inquiry  Undetermined manner	COUNTY and in my opinion	YES N
23		gave ricause (a lying couse (a lying couse) PART 2 OTHER SI 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY CONTRIBUTI 21d. INJURY CONTRIBUTI 22a. I certification of the contribution of the cont	GOCCURRED  NOT WHILE AT WORK  If yet at I taak cheed from:	DIS CONTRIBUTING TO DEATH B  19b. CONDITI  21b TIME OF HOUR A.M. DF DEATH P.M.  21e. PLACE O STREET, FACTO	UT NOT RELATED TO THE TER  INJURY MONTH DAY YEA  IF INJURY (AT HOME.  ORY, FARM, ETC.)	RATION WAS PERFORMED?  216. HOW INJURY OCCUI  216. LOCATION  STREET  Autopsy, Inspec	CITY OR TOWN  Inquiry  Undetermined manner	COUNTY  and in my opinion  DATE	YES N
2	/	gave ricause (a lying couse) PART 2 OTNER SI  19a. DATE OF  21a. EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi death result ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PRI	GOVERNOR  AL CAUSE WAS  OCCURRED  NOT WHILE AT WORK  If that I took cheed from:  NAME NT)	DIS CONTRIBUTING TO GEATH B  19b. CONDITI  21b. TIME OF HOUR A.M. 21e. PLACE O STREET, FACTO  arge of the remains descriptival causes	UT NOT RELATED TO THE TER  ION FOR WHICH OPE  INJURY MONTH DAY YEA  OF INJURY (AT HOME, DRY, FARM, ETC.)  Cribed above, held an  Accident , S	RATION WAS PERFORMED?  21t. HOW INJURY OCCUI  21f. LOCATION STREET  Autopsy	CITY OR TOWN  City OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER	COUNTY  and in my opinion  DATE	YES NO
23	230. BU	gave ricause (a lying couse) PART 2 OTNER SI  19a. DATE OF  21a. EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi death result ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PRI	GOVERNOR  AL CAUSE WAS  GOVERNOR  NOT WHILE AT WORK  If that I taak che  where the control of the control  AL CAUSE WAS  AL CAUS	DIS CONTRIBUTING TO GEATH B  19b. CONDITI  21b. TIME OF HOUR A.M. 21e. PLACE O STREET, FACTO  arge of the remains descriptival causes	UT NOT RELATED TO THE TER  ION FOR WHICH OPE  INJURY MONTH DAY YEA  OF INJURY (AT HOME, DRY, FARM, ETC.)  Cribed above, held an  Accident , S	RATION WAS PERFORMED?  21t. HOW INJURY OCCUI  21f. LOCATION  STREET  Autopsy	CITY OR TOWN  Inquiry  Undetermined manner	COUNTY  and in my opinion  DATE	YES NO

20M 4/82

- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN DECEASOR NAME 2b. HOUR OF ESTI-Saul Tobin 1 1985 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE PRONOUNCED 6:45A APR, 15, 1928 MALE WHITE 56 YRS 76 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE DIAMED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY CANADA WIDOWED [ DIVORCED Baltimore Gitty CANADA CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Francis Scott Kev Bridge MECHANIC AHTO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE NI COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ CANADA LIEREC MONTREAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE TORIN SADIF ZETOVITCH 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO PAPERMAN & SON. INC. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 5605 COTES DES NEIGES RD MONTREAL QUEBEC, CANADA H3T 1 SEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 of 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? YES X NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 UNDERLYING OR HOUR A.M. /
CONTRIBUTING CAUSE OF DEATH 4:51 HOUR A.M. MONTH DAY YEAR Driver in auto/tractor trailer impact 1 19 85 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK bridge Francis Scott Key Bridge, BaltimoreCounty, MD. Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Acerdent X death resulted from: Syidide Hamicide .... Undetermined manner Natural causes ACTUAL MOASSISTANT MEDICAL EXAMINER 4/1/85 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATORY CANADA REMOVAL/burial APR.3,1985 MONTREAL NERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. ADDRESS BALTO., MD 2 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 21215 we was to see the see - harder (VR A15 ME (5))

STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MEND AL HYGIEN

	REGISTRAR			CERTIFICATE O	ND MENTAL HYG OF DEATH	REG. NO	o.				
	EASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR		
{ I YPE	OR PRINT)	athleen	Marv	Tollberg			4 3	3 1985 4:00A M			
3 SEX		4. RACE	- 1.0.4 y	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS		
Fo	male	TATE	White		3 31 1934		YRS MC	MONINS DATS HOURS A			
7a. BIF	THPLACE (STATE OF FO		EN OF WHAT COUNTRY?	8 _		51 9 BALTIMORE CITY O		OF DEATH			
COUNTRY) England  10 CITY OR TOWN OF DEATH  11.			S.A.	MARRIED   NEV	DIVORCED 🖼	Baltimore	Count		MD		
			ME OF HOSPITAL, NURSIN	G HOME OR OTHER	144	120 USUAL OCCUPATE	ON	126 KIND O	F BUSINESS OR		
D.,			OT A NO STREET		3	(TYPE OF WORK FOR MOST O			tile Deni		
USUA			Old North			Asst.Vice F		Mercar	tile Ban		
		36 COUNTY	13c. CITY OR TOW			13e.STREET ADDRESS /					
	ryland	Baltimon	re   Dundalk	YES _	NO 🔀	3701 Old N	worth E	Coint I	koad 2122		
	FIRST	MIDDLE	LAST	13 /10/1	FIRST	MIDDLE		LAS	T		
-	<u>lliam</u>		Gregor		Mary	ADDRE		Davi	es		
	AS DECEASED EVER IN	U.S. ARMED FOI UF YES GIVE WAR OR I		RITY NO. 17 INFO	RMANI	ADDRE	22				
No			079-34-2	832 Pau	1 Tollber	g	Sam	ne as 1	.3e		
	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which diote the lost.	E TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  (c)	SAAL NCE OF	CHILL LA	7-4011		10 M	on18		
MOIT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IGS USED		
3	190 DATE OF OPERATION	JN 190.	CONDITION FOR WHICH					ING CAUSES			
RTIFIC							1				
CAL CERTIFICATION	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH DA P.M.	YEAR	v injury occurr		1	RT I OR PART 2)			
MEDICAL CERTIFIC	OR CONTRIBUTING CA	USE OF DEATH LEXAMINER)  10  21e	OUR A.M. MONTH DA	19 21f LOC			RY IN ITEM 18 PAR	COUNTY	STATE		
_	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL TOWNER NOT WHILL Sow the decessed	LEXAMINER)  CLEXAMINER  D  CLEXAMINER  CLE	P.M. MONTH DA P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F.	ARM. EIC ) 21f LOC	ATION IREET 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	COUNTY	that (I) ( <del>we</del> ) last		
	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL TOWNER NOT WHILL Sow the decessed	LEXAMINER)  CLEXAMINER  D  CLEXAMINER  CLE	P.M. MONTH DA P.M.  PLACE OF INJURY HOME STREET FACTORY, OFFICE, F.	Y YEAR 19 21f LOC ARM EIC)  DEGREE  M. D.	ATION  19 44  my) (ewr) opinion of	CITY OR TO	WN	COUNTY	that (I) (we) lost couses stated		

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Cremation 23c. NAME OF CEMETERY OR CREMATORY Westview

23d. LOCATION
CITY OF TOWN

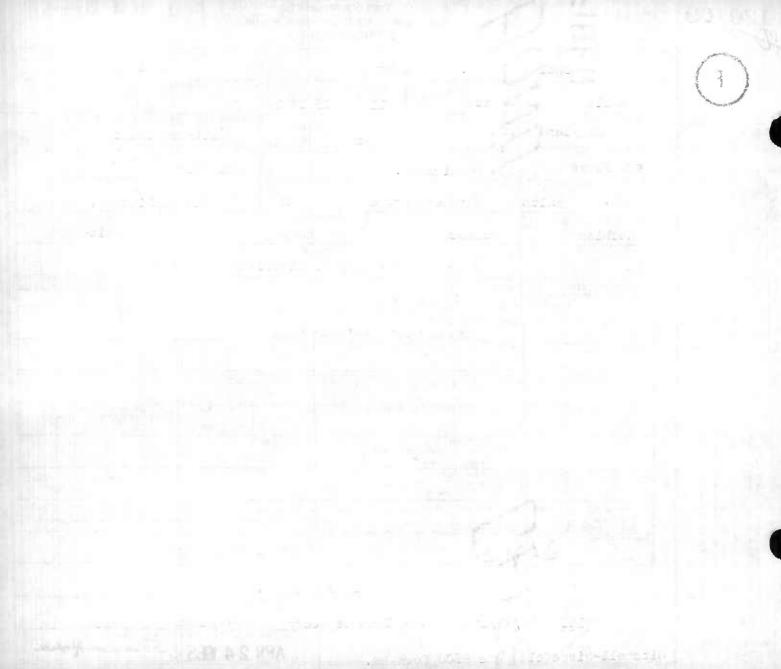
PANT Med 21244

Baltimore Maryland BY REGISTRAR 256. REGISTBAR'S SIGNATURE

7922 Wise Avenue Dundalk, Maryland 21222

4/6/1985

23b. DATE

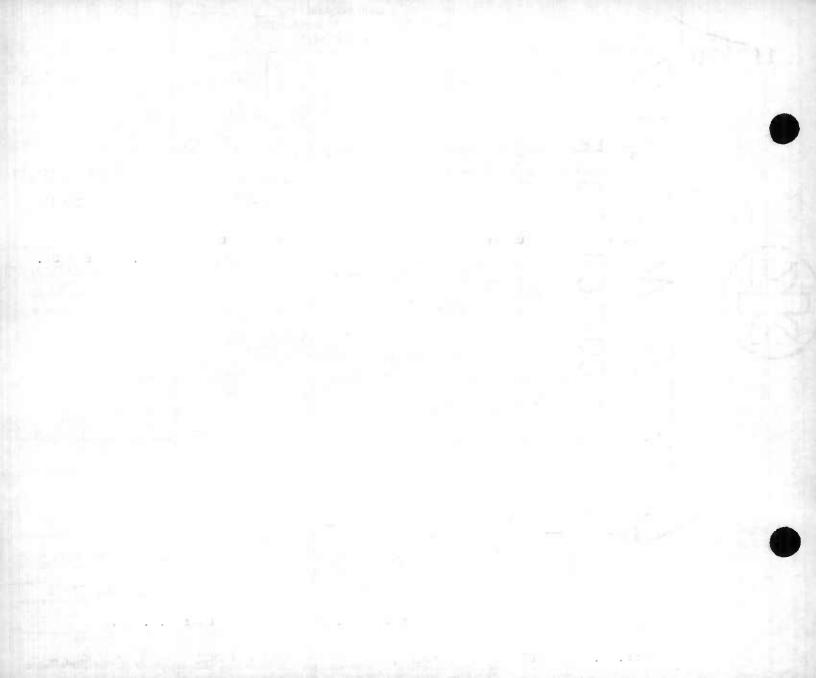


MPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical

FOR	DEPART	STATE OF MARYLAND &	5   0 3	8 4
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO. XC (	3 247 232
I. DECEASED NAME FIRST	WIDDLE	LAST	110	DAY YEAR 26 HOUR
HURSIE	E BENJAMIN	TURNER	APRIL 14, 1985	1:00 am
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
MALE	BLACK	OCTOBER 30, 1903	8I YRS	MONTHS DATS HOURS MIN.
Ta. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
VIRGINIA	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUN	TY MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	
FORT HOWARD	V.A. MEDICAL CI			SUGAR REFINERY
USUAL RESIDENCE (IF NURSING YOME OF 130. STATE NARYLAND	13t. CITY OR TOV	ORE YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP CODE 754 W. HAMBURG	
Ranson	MIDDLE LAST Turner	IS MOTHER'S MAIDEN N	Turner	LAST
	RMED FORCES?   16b. SOCIAL SEC	URITY NO. 17 INFORMANT F10	rine Turner 754 W VA MEDICAL CENTE	
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEOL	ARREST	ADV DICEACE AND	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  YEARS
	DUE TO, OR AS A CONSEQU	PNEUMOTH  DEATH BUT NOT RELATED TO THE TER	ORAX	EN IN PART 110
SENILE DEMI		HOPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
0.0000000000000000000000000000000000000		PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IB. P	S NO NO
OR CONTRIBUTING CAUSE OF DIE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive a	n 4/14 19 of the body after death.		, to 4/14 , n death occurred on the date and hou	19_85 that # (we) last r and from the causes stated
776 SIGNATURE  1276 PHYSICIAN'S NAME (TYPE	Autrono	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAKX	27c DATE SIGNED 4/14/85
P. ANTUONO,			CENTER, FT. HOWARI	o, MD. 21052
230. BURIAL, CREMATION, REMOVA Entombment	1 1 1	NAME OF CEMETERY OR CREMATORY butus Mem. Park	Arbutus H.C.	Md STATE
24 FUNERAL DIRECTOR Chas. A. Rice	FSPA I300 Eutaw		ATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

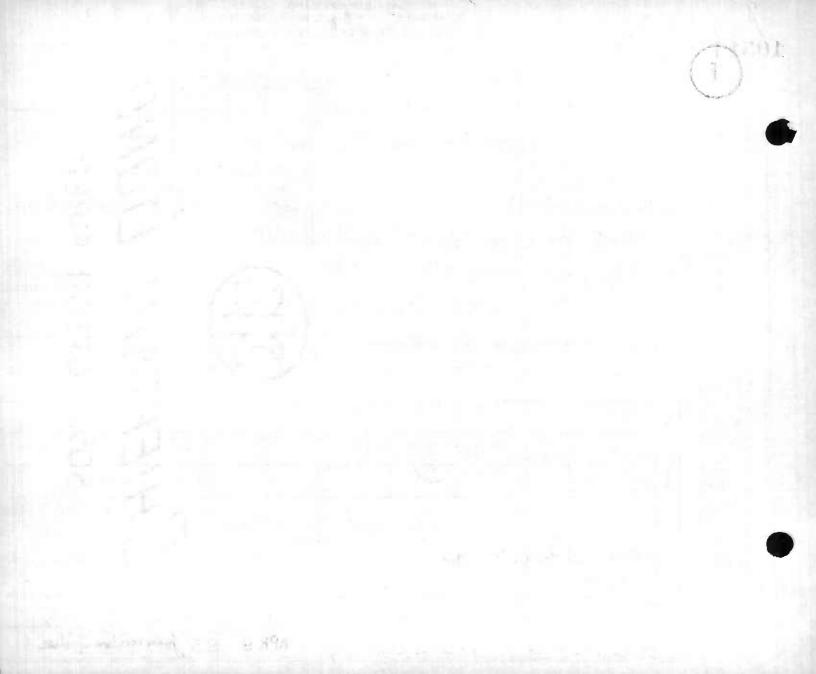
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



5	1.	FOR	DEPARTMENT	STATE OF MARYLAND	HYGIENE U 3	8 5
Macana	1-	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO.	
X109153		CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN M	ONTH DAY YEAR 26. HOUR
\$895E.	1	PRAN		17445	DEATH MATED	4 7 19 85 M
Washing States	m	ALE WHITE	MONTH DAY YEAR LAST	IN YEARS IF UNDER 1 YR. IF UND BIRTHDAY) MONTHS DAYS HOURS  7 YRS.	ER 24 HRS. 2¢ DATE MIN PRONOUNCED DEAD	4 8 1,85 1930
NECESS FUNERA S FOR WITHIN	7a B	RTHPLACE (STATE OR PREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MAI	L Almo	OUNTY OF DEATH
IS NEED STATE OF THE PARTY OF T	ID C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS OR INDUSTRY
PAGE PREFILED	-	DUNDALK	16 OF CENTER	PLACE	FOR OST OF WORKING LIFE)	ORINDUSTRY
D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN P. SHOULD BE I. I. RECORDS.	30 5	ARYLAND BAL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A ITY , ISC, CITY OR TO TIMOR E DUIN	DALK YES NO	130 STREET ADDRESS	PLACE
A HILL WAS A	14 F	ATHER'S NAME  PIRST  THE III	MIDDLE TYLLAST	IS, MOTHER'S MAI	KADUIS MIDDLE	LAST
BALTIMORE, SA AFIER DEA' GIVE PAGES TITH FORM P PAGES I ANI		NAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
BALTIMA JRS AFTER B. GIVE PA WITH FOR DIVISION	1	ES WWI	L NAVY 216 09	1244 MONI	CA SMART	APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	Ily one couse per lige for (o) (b), ond (o D BY: TE CAUSE (o) The CAUSE (o)	usocardial my	arction	BETWEEN ONSET AND DEATH
PRESTON ST. ITHIN 24 HOL CIL IN ITEM 18 NER ALONG Y ANNIT PERMIT REMOVAL.			DUE TO, OR AS A CONSEQUE	NOE OF	1.01	
201 W. PRES JTED WITHIN IN PENCIL IN EXAMINER. JAL-TRANSI JAL-TRANSI ON, OR REM	113	Conditions, if any, which gave rise to immediate couse (a) stating the under-	(b) Chronic U	schemic myoca	ndia ansare	
DS, 201 W. XECUTED W IG" IN PEN AL EXAMIL BURAL - TR AND MENT		lying couse lost.	(c)	INCE OF		
L RECORDS, 201 W. PR JUD BE EXECUTED WITH "PENDING" IN PENCIL F MEDICAL EXAMINE ED AS A BURAL. TRAN HEALTH AND MENTAL II, CREMATION, OR RE	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T		PART 1 a .	
HOULD E RD "PEN HE MI USED A RIAL CI	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED?		20 AUTOPSY?
F VITAL WORD "I HE CHIEF BE USE ENT OF H	ERTIF	21g EXTERNAL CAUSE WAS	21b. TIME OF INJURY	171r HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART	YES NO
ON OF V		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY DEATH P.M.	YEAR		
VISIO TINO TINO 3 S.F. PRIF	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME. 211 LOCATION STREET	CITY OR IOWN	COUNTY STATE
DI E, WRI EWARD PAGE STATE		AT WORK AT WORK				
ANNER FICAT CTOR LTHE LAND			rol couses , Accident	Suicide . Homicide	Undetermined monner,	my opinion
EXAM CERTI ULD B DIREC WARY	1	ACTUAL TO IA	HOR AVER	THE (SPECIFY)	to	DATE 4/8/85
SHO SHO SHO SEATH		SIGNATURE V. COO	To de la composition della com	M.D.	MEDICAL EXAMINER	SIGNED.
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST		(TYPE OR PRINT)		DVAN ADDRESS 211		5010-Md-2122
BP	23a.8	OUR IAL	4/12/1985 HOLY	OF CEMETERY OR CREMATORY	DALT IMOR	COUNTY MD STATE
DHMH - 17	P	UNERAL DIRECTOR LACED	ONU CHORESS 25251	7/55- P- 250. AT	RECT. TROPES 236, REGISTR	ARS-SIGNATURE
(VR A15 ME (5)) 20M 4/82	TA	NI VICTO	Manaki ala a a l	VEC 1 01.		

	FOR			DEPARTMENT OF I	E OF MARY		IENE	0 5	8 6	
1	- STATE REGISTRAF	R		DICAL EXAMIN				REG. NO		
	ECEASED NA	AME FIRST		WIDDLE	LAST		2a DATE I	KNOWN 97		YEAR 26 HOUR
E )		ANT	HONY	J.		UDDEME	OF DEATH	MATED [	4-2-85 19	M
10.0	MALE	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTHS DA	YR. IF UNDER 24 H	N. PRONOUN	CED	MONTH DAY	YEAR 2d HOUR
	BIRTHPLACE	(STATE OR	78. CITIZEN OF W	HAT COUNTRY?	8		DEAD 9 BALTIM	ORE CITY O	4_2_85 19	
0	FOREIGN COUNT	TRY)	USF	>	MARRIED &	NEVER MARRIED DIVORCED		-	re County	MD.
5	Pikesv		Baltimo		eneral	Hospital /	PEPAR			
	STATE	ICE (IF IN NURSING HOM)	E OR OTHER INSTITUTION, GINTY ALTO,	13c. CITY OR TOWN			STREET ADDRE	/	2120	iko.
2/14	FATHER'S NA	AME	WIDDLE	LAST	15. M	OTHER'S MAIDEN N	IAME	IDDLE	LAS	
9		ASED EVER INU.S. A	Puen concess	UDDEME	(NO 17 IN	FORMANT		ADDRESS	-U GL, 07	TA
160	(YES, NO, OR UN		KMED FORCES? VE WAR OR DATES)	214-38-8		-	EME	724	Green	wood RD
2	gave cause lying	itions, if any, which rise to immediate (a) stating the <u>under cause last</u> .	(b)	R AS A CONSEQUENCE ( R AS A CONSEQUENCE (	DF	IDITION GIVEN IN PART 1				
CERTIFICATION	19a. DATE	OF OPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUT	OPSY?
4 5	A) 5V75	RNAL CAUSE WAS	1011 71115	-	Total					NO D
		ING OR UTING CAUSE O		A. MONTH DAY YEAR	21c. HOW IN	JURY OCCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 P	ART 1 OR PART 2)	
MEDICAL	21d. INJUR WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCATIO STREET	Z	CITY OR TOV	VN	COUNTY	STATE
	death re	sulted fram: Nat	rge of the remains de oural causes [X],	Accident , Sui	тіт		Inquiry Indetermined ma	nner .	DATE SIGNED 4-	3-85
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	EXAMINEI (TYPE OR I BUBIAL, CREA (SPECIEX)	R'S NAME Mar PRINT) Mar MATION, REMOVAL		Korell, M.D.	ADDRE	MATORY 2		et .LTo.	COUNTY	STATE



ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 fears att

retained by the hospital or attending physician.

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 48 shows any injury, or other traumatic event, the medical properties of the properties of them 48 shows any injury, or other traumatic event, the medical properties of the properti

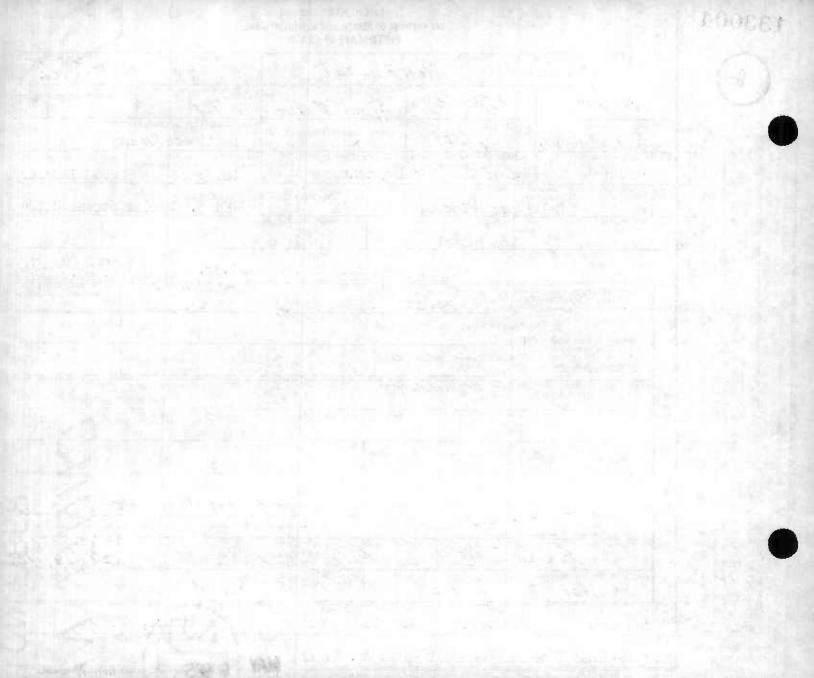
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		
	CEASED NAME OR PRINT)	May	Cather	rine	Uphof	<b>f</b>		ril 7,	1985	DAY YEAR	3:14p <sub>M</sub>
3 SE	x Female		4 RACE Whit	e	5. DATE O			(IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
(	RTHPLACE (STATE ( COUNTRY)  aryland	DR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIES		TIMORE CITY O Baltimo	_		MD.
100	OSSVILL			H FACILITY, GIVE STREE	T ADDRESS)	or other institution [ospital	(TYPE Q	UALOCCUPAT F WORK FOR MOST S OUSEW	OF WORKING LIF		OF BUSINESS OR
130. S Ma	al residence (IF NI STATE ryland	13b. COU	timore	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Dunda		13d. INSIDE CITY LIMI	_	REET ADDRESS	zip code erty	Pkwy.	21222
J	ohn Whi					15. MOTHER'S MAIDE	EN NAME	MIDDLE		Bartli	ng
- (	VAS DECEASED EVI YES. NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	218-07		Anthony	Uphof	f Sr.			ty Pkws
CERTIFICATION	PART 2. OTHER SI	GNIFICANT	(c) CONDITIONS <u>C</u> (	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL DI	SEASE OR CON	20b. IF YES	EN IN PART 11 5, WERE FINDII YING CAUSES	NGS USED
MEDICAL CERTIF	22a. I certify that	CAUSE OF DE EDICALEXAMINE JRRED WHITE WORK  (this hosp osed alive or ) (did) (did no	ATH HOUR A. P. 21e. PLACE (AT HOME. STI  April  (1) view the body	M. MONTH E M.  OF INJURY REET, FACTORY, OFFICE.  deceosed from 19 ofter deoth.	19 FARM, ETC.)  April 85 , or	DEGREE  ATTEND PHYSIC  22e. ADDRESS	85 , to. pinlon death or	CITY OR TO	lote and hou	COUNTY  19.85  r and from the	
23a E	BURIAL, CREMATIO (SPECIFY) Buri					EMETERY OR CREMAT Hill Cem	netery			ore,	
	onnelly	Funer	al Hom	e of Du	ındal	k 25	APR	BY REGISTRAN	25b. REGIST	RAR'S SIGNAT	. Handelt





тау ре

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

## STATE OF MARYLAND & 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE


	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. NO.		
	CEASED NAME	George		MIDDLE		agner	Sr.	20. DATE OF DEATH MONTH O	AY YEAR	26. HOUR 7.25P
3. SE	Male		4 RACE Cauc	casion	5. DATE C		YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STA		76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVERA	AARRIED -	Baltimore C		MD
10. C	Balto.		11. NAME OF I	HOSPITAL, NURSIN THE ACILITY, GIVESTREET TO MITT				126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Superintenden	INDUSTRY	of Business or
130. 5	Md.	136 COUN		13t. CITY OR TOW	'N		ITY LIMITS?	13e. STREET ADDRESS  2 Slatemill Cou	7/6 17t	त्रवर
	Henry		W.	Wagner		Mar	garet	MIDDLE	Mue1	ler
	VAS DECEASED YES, NO OR UNKNOW		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213 09 9		Melvi	n Wag	ner ((same a	ddres	s)
	18 CAUSE OF I PART 1. DE A	TH WAS CAUSE	ly ane cause per D BY: E C AUSE (a)	Cardio ~		tan an	ust			ONSET AND DEATH
	Conditions, if gave rise to cause (a), underlying	immediate	(b)_	R AS A COMSEQUE	retails	Coner Coner	nemia		1	YRS
ATION	PART 2. OTHER			ONTRIBUTING TO				INAL DISEASE OR CONDITION GIVE	N IN PART 10	
CERTIFICATION					OI EKATIO			YES NO TO YES	ING CAUSES	
MEDICAL CE	OR CONTRIBUTING	AS UNDERLYING C CAUSE OF DEA Y MEDICAL EXAMINER	) P.	M, MONTH D. M.	AY YEAR			RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
MED	21d. INJURY OC	CURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATIO STREET	)N	CITY OR TOWN	COUNTY	STATE
	sow the di	at (I) (this hospi ecoased alive on we) (did))(did no	4/2	e deceased from	<b>7</b> , or	nd that in (6)	(our) opinian o	death occurred an the date and hour	and from the	that (I) we last couses stated
	22b. SIGNATUR	Um C	Watuf	di	n	0	TTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE	SIGNED
		m C. Wat		1, M.D.		St. A		ospital, Baltimor	e, Md.	21229
230. [	BURIAL, CREMAT	ION, REMOVAL	23b. DATE 4/8/	/1985 Oa	vame of c iklaw	n Cem	REMATORY	23d LOCATION Bastimore	соимМа.	STATE
	UNERAL DIRECTO		neral H	Iome 333	l Br	ehms I	250. DAT	E REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNAT	TURE

DHMH-16 30M 2/80 (VRA 15, 4)

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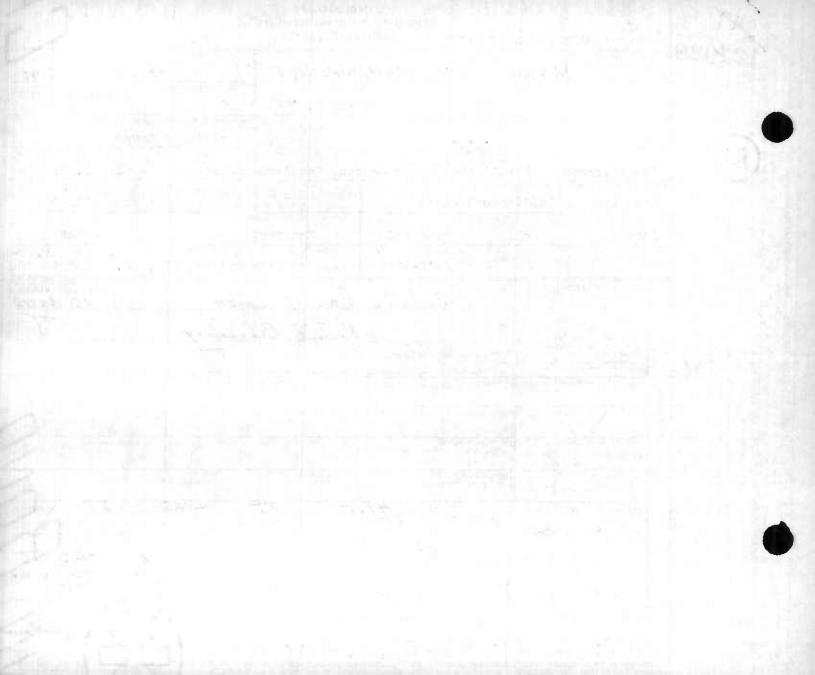
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STATE OF MARYLAND STATE OF MARYLAND STATE OF MEALTH AND MENTAL HYGIENE



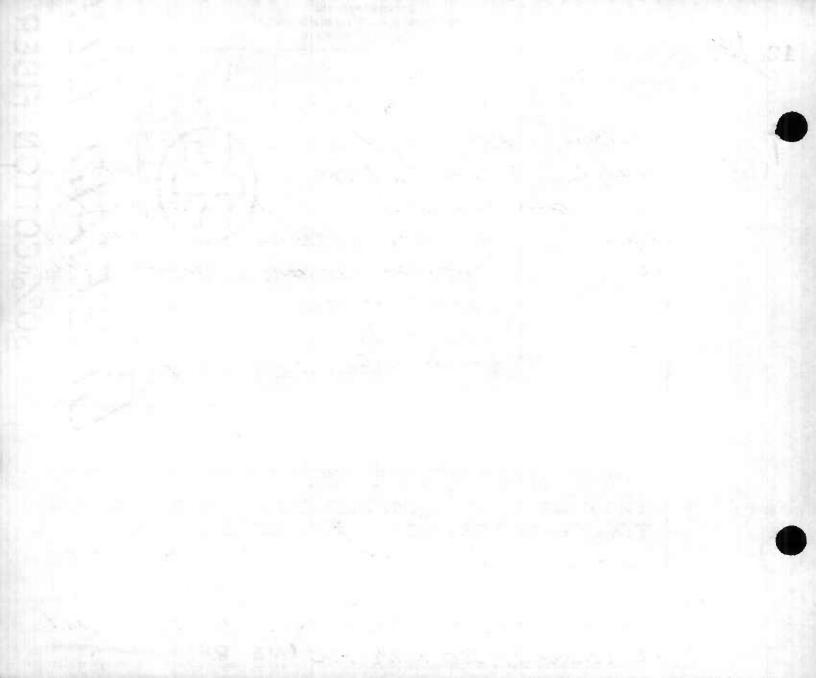
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DHMH - 16 60M 7/B4 (VRA 15, 4)

## STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	NO.		lise
	ECEASED NAME FIRST	MIDDL	E	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1)	PE OR PRINT) Anita		WALLACE		April 29,	1985		4:15AM
3. S		4 RACE	5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	E	W	MONTH	1 DAY SEAR	77		MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	1000	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
1,	COUNTRY POLISON	1/5/	MARRIE	D NEVER MARRIED	Baltimo			
10	CITY OR TOWN OF DEATH	11. NAME OF HOSE	WIDOWE PITAL, NURSING HOME O		12a USUAL OCCUPA			F BUSINESS OR
1	ROSSUILLE	FRANK FRANK	ILITY, GIVE STREET ADDRESS)	HOSP	(TYPE OF WORK FOR MOST			ESTAT.
US 13a	UAL RESIDENCE (IF NURSING HOME C . STATE 13b. COU	ROTHER INSTITUTION, GIVE NTY ALTO	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	OTTIN	10WOL	137 Rd
7	FATHER'S NAME  AUOUST	MIDDLE	POTANSON/	15 MOTHER'S MAIDEN NA	ALIDDI 6	1	John	5011
160		RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT		RESS		-
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	41-37-056	Baches	A TO	4150	V	ASON
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS  (c) Small  CONDITIONS CONTI		inoma , Left !	200 AUTOPSY?	NDITION GI		NGS USED
1 2					YES NO		ES 🗌	NO 🗆
		HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IT	NJURY ACTORY, OFFICE, FARM ETC )	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	220.1 certify that (this hasp sow the deceased alive a above, (we)(did)(did)	April 20	ceosed from April 19 85 or	25, 19 85 and that in (1967) (our) opinion		29, dote and ha		that (we) last couses stated
	22b. SIGNATURE	0-8		DEGREE ATTENDING PHYSICIAN [	MEDICAL ST	AFF NICIAN	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	8	22e ADDRESS		1		
		age M.D.		9000 Frankl		Dr., 2	1237	
	BURIAL, CREMATION, REMOVA	23b. DATE 4/30/	35 SECU	RITU HOCE	23d LOCATION CITY OF DWN	10.	COUNTY	MO.
24	FUNERAL DIRECTOR		ADDRESS	250. DAT	E REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE
	J.G. CONNE	21/4 3	DO MAC	e He MA	1965	A Southern	nenteren 3	



completely filled in by the

## DEPARTMENT OF HEALTH AND MENTAL RYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH

2 L		REGISTRAN						REG.	NO.			
		CEASED NAME FIRST	,	MIDDLE	t.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HC	UR
ı	,	Christ	Ċ	4.	u	IALLE	FR		4-	8-85	04	20 M
- [	3. SEX		4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST I	SIRTHDAY)	MONTHS DAYS	HOURS	ER 24 HRS
ı		Male	В	lack	12	25	1914	70	YRS	morning Dates	NOOKS	Mild.
_		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D MEVER M	APPIED [	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
3		Virginia	U.	S. A.	WIDOWE		ORCED	Baltimor	e Cou	nty		MD.
	N CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUPA	TIODir	ection KBP	269f	VESSEOR
		Baltimore		ore Count		eral		Sen. Comm.				
7	UŠUA	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COU	OTHER INSTITUTION.		ADMISSION)	1134 INSIDE CI		IS . STREET ADDRESS				
		Maryland S	9/10	Baltimo		TES KI	NO ID	Baltimore	Mar	vland 2	1207	
		THER'S NAME					MAIDEN NAM	ΛE	,			
2	)		ewis	Waller	_		isie	MIDDLE B.		Cu	rtis	
7	16a. W	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU		17 INFORMA		43290	Tulsa			
	(Y		E WAR OR DATES)	154-03-6	5206	Laura	S. Wal			Md. 21	207	
1						20020	00 1102	202 202 02			XIMATE INT	ERVAL
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY.	CARDIOI		UNARY	AR	REST		BETWEEN	ONSELAN	ID DEATH
1		IMMEDIA1	E CAUSE (o)			7						-
		C - 122 - 7 - 111	DUE TO, OI	CONGES	NCE OF	Idean-	7 FA , 1	URE		11	nn	M
		Conditions, if any, which gove rise to immediate	(p)	CONTOCS	7100	1 yerne	, ,,,,,					
1		couse (a), stating the underlying couse last.		RASACONSEQUE	NCE OF	NALE,	CAP	D		2	YR	1
		PART 2. OTHER SIGNIFICANT O	10					<del></del>	NDITION C	INTENTINE DADY		
	Z	CAR	Diamyo	PATHY	Live		NAI NN		/	DIVEN IN PART I	101	
$\overline{}$	CERTIFICATION	196 DATE OF OPERATION		ITION FOR WHICH				20a AUTOPSY?		ES, WERE FIND		
11	FE							YES T NOT		TIFYING CAUSE YES	S OF DEA	
Н	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN				ш
3		OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	AY YEAR							
П	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE		19	211 LOCATIO	N					
	ME	WHILE NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR	IOWN	COUNTY		STATE
		220.1 certify that (I) (this hospi	tal) attended th	e deceased from		<u> </u>	19 70	in At	PRIL	10 87	that (I)	(we) lost
		sow the deceased alive on	237	7 HR 19	OT, or	nd that in (my)		eoth occurred on the	date and h		,	, -,
		obove, (I) (we) (did) (did no	t) view the body	ofter deoth.		DEGREE					E-SIGNE	
		ahu	10. 6	enecin	n	2 0 A	TTENDING		AFF	4//	0/	7
-		22d. PHYSICIAN'S NAME (TYPE O		neun		22e ADDRES		DIRECTOR PHYS	ICIAN [			, ,
		(1111)				The state of the s						
-			Table 2 and	T-n	11115 05 0			In the same is				
		BURIAL, CREMATION, REMOVAL	236. DATE	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O		EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY		STATE
	24 5	Entombment	4/11/			ark Cer	netery	Baltimo	re,	M	aryl	and
1	N	Were Wosons	2501 G	wynns Fal	lls Pa	rkway	230	REC'D, BY REGISTRA	K ZSIV REGI	ISTRAR'S SIGNA	TURE	Lane -

Funeral Home, Inc. Baltimore, Maryland 21216

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then pi with the State Dept. of Health and Mental Hygiene prior to buri IMPORTANT: If them 21 is marked or Item 18 shows any injury.

this certificate has bee

TO FUNERAL DIRECTOR: After etoined by the hospital

20M 4/82

0071	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND SHEALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	) 3 9	) 5	
		CEASED NAME FIRS	t	WIDDLE	F 3 - 11	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
noy be	(TIPE	E I	10	1.	1.0	COD	4	-2-1	985	6:29 p M
ê de	3 SE		4. RACE		5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF U		IF UNDER 24 HRS
de of the the	,	Female	u	hile	7	2 1887		YRS.		
deoth. Poge	la Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUN	ITRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
		larylano	1	1.S. A.	WIDOWI		Baltima	~ CO	UNTY	MD.
5	nt.C	MOGILS TOWN	(IF NOT I	OF HOSPITAL, N	STREET ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIT	ON OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
d be	USU	AL RESIDENCE (IF NURSING HOSTATE 136 C	ME OR OTHER INSTITU	13c CITY OF	BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2 st 2 st 2		THER'S NAME	Baltimor	e Lutne	rville	YES NO S	11346 Gree	enspring	Ave.	21093
130	7	FIRST	MIDDLE	Tuck		FIRST	(unknown		EAST	
Poges Complement of Complement		VAS DECEASED EVER IN U.	S. ARMED FORCE		SECURITY NO.	17. INFORMANT	ADDR			
s. Poge medic		No		216-1	0-6577	Nester Corc	neos 11346 (	reenspr	ing Av	re. 2109
physici on paper emoval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	ter only one couse	e per line for (o), (	b), and (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL
in signed by the ottendin Then please remove carb r to buriol, cremation, or r injury, or other troumotic	NOI	PART 2 OTHER SIGNIFIC	st.		ole E	NOT RELATED TO THE TER				
permit.	CERTIFICATION	190 DATE OF OPERATION	19b CC	DUDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES O	
Annol-tronsit per Mental Hygiene or Item 18 show		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	ME OF INJURY R A.M. MONTH	H DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
_ 09	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		ACE OF INJURY NE. STREET, FACTORY, C	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
Aner in order of the order of the order or		22a.1 certify that (1) (this	haspital) attende	ed the deceased f	rom3 -	31 1985	10 4-2	19_	8-5 th	ot (I) (we) lost
of He 21 is		sow the deceased old above, (I) (we) (did) (d	ve on 🗲	-2		nd that in (my) (our) opinio	n death occurred on the d	ote and hour on		
ote Dept.		22b. SIGNATURE	1 10	ody oner death.	4 4	DEGREE ATTENDING	MEDICAL STA		22c. DATE SI	
should be deto with the State I		22d PHYSICIAN'S NAME	TYPE OR PRINT)	viell		22e ADDRESS	DIRECTOR PHYSIC	IAN [	4-2	75
APOR		Allan J	- Chin	cus M.	2		county 6.	ererul	HOSE.	21133
F 20 3 ₹ 1		BURIAL, CREMATION, REMO		E	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cc	OUNTY	STATE
		Burial	4/6	/85	Woodlaw	n Cemetery	Baltim	ore	M	aryland
6 50M 4/83	-	uneral director A. Alan Seitz	Funoma	ADD	3818 Rol	and Ave.APR	ATE REC'D. BY REGISTRAR	256 REGISTRAR	r's signatui	RE .

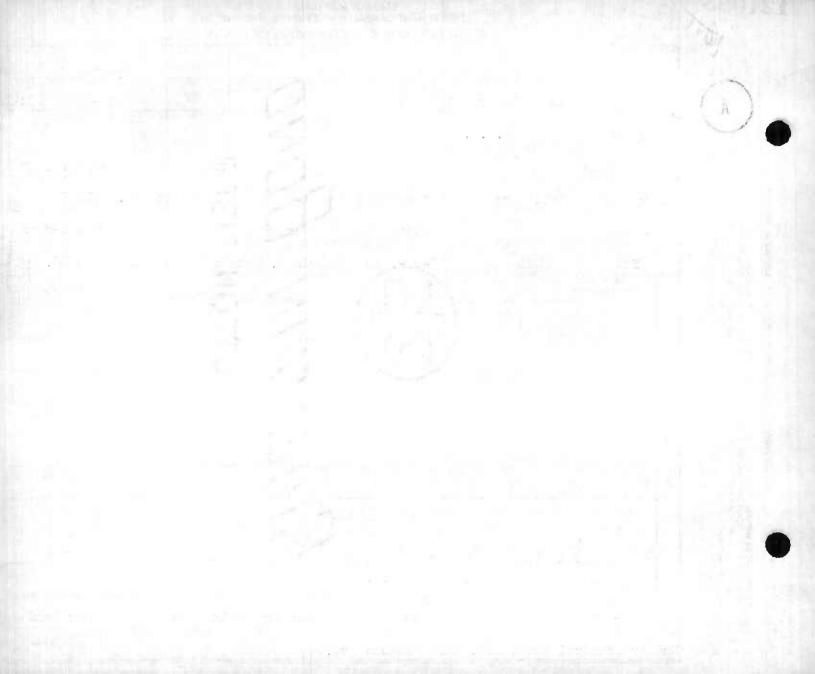
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ART	1	STATE REGISTRAR					CERTIFICATE C	EDEATH	G. NO.	1	
Man St		PE OR PRINT)	FIRST ALBE		JOSE		WATSIC	20. DATE KNOW OF ESTI- DEATH MATER	N X MONTH	DAY YEAR 4-850	26 HOU
	3 SE			5. DATE OF BIRTH	6 AG	(IN YEARS IF BIRTHDAY) MO	UNDER 1 YR. IF UNDER		MONTH	4-85 <sub>9</sub>	2d HOU 12:2
	70.	MRTHPLACE (STATE OF COUNTRY)  Maryland		76. CITIZEN OF WH.		8 MAI	RRIED E NEVER MARRI			TY OF DEATH	<u> </u>
PAGE 1	Tc.	ity or town of D		II NAME OF HOSP Derchest	er Ave&	Till to	Road	128 USUAL OCCUPATION FOR MOST OF WORKING LIFE Patro1	(TYPE OF WORK		SINESS
AND 3	130.	al residence (# in) State Maryland	136 COUNTY Balt:	Υ	RESIDENCE BEFORE 13t. CITY OR TO Catons	WN	13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 5945 Sunset	Ave.	21207	
M PM 3.	4	ATHER'S NAME FIRST James		WIDDIE	Wats:		15. MOTHER'S MAIDE Gertru	de		Tochter	man
JRS AFTER DEA JRS AFTER DEA J. GIVE PACES WITH FORM I. PAGES DIVISION OF	160	WAS DECEASED EVE YES, NO, OR UNKNOWN) YES	R IN U.S. ARM	ED FORCES? (AR OR DATES)	16b. SOCIAL SE 216-07-		Melvin L.	Watsic 107 Ga	RESS 212 arden R		
AL RECORDS, 201 W. PRESTON ST., DULD BE EXECUTED WITHIN 24 HOUF D. "PENDING" IN PENCIL IN ITEM 1B, IFF MEDICAL EXAMINER ALONG W SED AS A BURIAL - TRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, D IAI, CREMATION, OR REMOVAL.	z	Conditions, if gave rise to cause (a) stati lying cause la: PART 7 OTHER SIGNIFIC	any, which immediate and the under-	(b) DUE TO, OR A	AS A CONSEQU	NCE OF	ASE OR CONDITION GIVEN IN PAI	ılar disease			
DIVISION OF VITAL RECO THIS CERTIFICATE SHOULD BE WRITING THE WORD "PEND VARDED TO THE CHIEF MED VARCE 3 SHOULD BE USED AS A AATE DEPARTMENT OF HEALTH 21201 PRIOR TO BURIAL, CRE	MEDICAL CERTIFICATION	190. DATE OF OPE	RATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED?			BOTYPSOTYPS IX	PNLY)
S CERTIFICATE SHOU RITING THE WORD." RED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HOUR PRIOR TO BURIAL	CALCER	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DE	EATH P.M.	MONTH DAY	YEAR	77.7	O (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAI		
THIS CER E, WRITING RWARDED : PAGE 3 SI STATE DEP.	MED	WHILE OCCU		21e PLACE OF STREET, FACTO	F INJURY (AT H PRY, FARM, ETC.)	OME. 211 L	OCATION STREET	CITY OR TOWN	COL	UNTY	STATE
CAL EXAMINER: THE CERTIFICATE SHOULD BE FORV RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND,	5	220. I certify tho death resulted Iro ACTUAL SIGNATURE	Molop Noturo	te A	eybul	Suicide L	Hamicide , TITLE (SPECIFY) ASSISTA	Undetermined manner	and in my ap  DATE SIGNE	4-24-85	;
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23o.E	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION		garitā A.			ADDRESSOR CREMATORY	Penn Street			
/84 BP		Burial		4/27/85			edeemer Cem	Battimore	COUP	Maryla	ind
5M DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR bard Fune	eral Ho	me, Inc.	4107 Wi	21229 kens A	ve. 250. DATE R	R 2 6 1985	REGISTRAR'S S	IGNATURE CONCLE	92.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECUSTRAR DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-John DEATH MATED Watson Henry. 6 AGE IN YEARS IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 2€. DATE LAST BIRTHDAY) PRONOUNCED Male Black 1985 5 30 1915 69 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Marvland 120 USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 5433 Whitlock Road Disable Veteran Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STREET ADDRESS 5433 Whitlock Road 13d. INSIDE CITY LIMITS? 13b. COUNTY 3n STATE 13c. CITY OR TOWN Baltimore Baltimore, Maryland 21229 Maryland YES NO P 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIGDLE MICOLE LAST FIRST Pettus Samuel Watson Pattie IAL SOCIAL SECURITY NO. 17. INFORMANT 5433 Whartock Road MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 219-01-5547 Baltimore, Maryland 21229 Yes Mary Watson WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ONK IMMEDIATE CAUSE (a) DUE TO, OR A'S A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 1.0 lying cause last. ATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (m) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HOULD BE US ARTMENT OF OR TO BURIAL, YES | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If LOCATION 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE Inspection 1 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Hamicide Undetermined manner death resulted fram Natural causes PAGE 4 SHOU TO FUNERAL ( AFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 4/12/1985 Garrison Forest Vet. Cem. Baltimore, Maryland Burial BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 2501 Gwynns Falls Parkway **DHMH-17** (VR A15 ME (5)) Funeral Home, Inc. Baltimore, Maryland 21216 15M 7/76

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The Siese, Inc. Mileton, Markin (1924 - 1981) The

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 22115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 26 HOUR 20 DATE KNOWN X7 (TYPE OR PRINT) DEATH MATED John Pershing Weaver 27/ 19 85 6 AGE (IN YEARS IF UNDER 1 YR. 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE 8:45 LAST BIRTHDAY) PRONOUNCED White Male May 21, 1918 66 DEAD 27/1985 YRS 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Delaware U.S.A. WIDOWED DIVORCED Baltimore County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Retired Owner Bar Hanover S.W. Blvd. & Francis Ave OULD SUAL RESIDENCE (IF IN NI IIII OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Hanover 6331 Hanover Road 21076 Maryland Howard YES [ NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Howard B . Weaver Mary R. Kalp 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT **ADDRESS** No 212-07-7411 Same as # 13 Rose M. Weaver APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, O lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Diabetes 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STIND BALTHONE, MARYLAND, 2 220. I certify that I took charge of the remains described HEADel ONLY Autopsy Inspection and in my opinion death resulted from: Hamicide Undetermined monner Noturo TITLE (SPECIFY) **ACTUAL** 4/27/85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St Gregory R. Kauffman, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 4/30/85 Glen Haven Cemetery Glen Burnie Md. 07/84 14 FUNERAL DIRECTOR LETON M. & Russell C. Wotzke Funeral Homes P. 1630 Edmondson Avenue, Catonsville, Md. 21228 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

MOCC	1-	FOR STATE REGISTRAR			DICAL EXAM		HAND MENTAL H		1 0 REG. 1	4 0 NO.	7 0	
3000		E OR PRINT)	FIRST		MIDDLE		LAST		OF ESTI-	MONTH	DAY YEA	R 2b. HOUF
	651		THOMAS		ORMAN	WEA'	· ———		DEATH MATED	X 4	29 198	
3	SEX	200	RACE	5 DATE OF BIRTH	YEAR LAST BIRT	HDAY) MON	HS DAYS HOURS		DATE	5	2) 6	40
		THPLACE (STATE	WHITE	76. CITIZEN OF WI	03 81	10		_ 7.8	ALTIMORE CITY	OR COUN	TY OF DEATH	3 10 AM
1	FOI	REIGN COUNTRY)			U.S.A.		VED NEVER MARRI	ED 📋	BALTIMOR	_		
1		TY OR TOWN OF	DEATH		PITAL, NURSING HO	ME, OR OTI		12e. USUAL	OCCUPATION (T		126. KIND OF	
		LTO, HI		4132 Al	NNAPOLIS R	OAD .	APT. 2A		OPERATO	OR	SHIP	
	3e. S1		136 COUN		13c. CITY OR TOWN BALTO . HG	4	13d INSIDE CITY LIMITS?  YES NO 🙀	13e. STREET 4132	ADDRESS ANNAPOLI	IS ROA	D, 212	27
ĺ	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	WIDDIE		LAST	
L		JOHN			WEAVER		MAGGIE				BURN	S
ľ	6a. W	VAS DECEASED E	(IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT		ADDRE			
-		YES	WW		212-07-	5447	JOSEPH C.	MARR	3626 ROI	LAND A		21211
	NO	couse (o) st lying cause		DUE TO, OR	AS A CONSEQUENCE		SE OR CONDITION GIVEN IN PAI	RT T (a).				
7	CERTIFICATION	190. DATE OF O	PERATION	196. CONDI	TION FOR WHICH OF	ERATION V	VAS PERFORMED?				20 AUTOP	SY?
	TIF										YES [	NOV
	CAL CER	210 EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.M	I. MONTH DAY YE	AR	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM	T8 PART 1 OR PA	ART 2)	
	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE C AT WORK	STREET FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET	cn	ry or town	cc	PINUTY	STATE
		death resulted  ACTUAL SIGNATURE  EXAMINER'S NA (TYPE OR PRINT	fram: Notus	vol causes	Accident .	Suicide A	Homicide TITLE (SPECIFY)  A.D. DEFUTY  ADDRESS 11 E	Undetermi	LEXAMINER E STREET	DATE SIGN	able	PT -
	E	JRIAL, CREMATIC PECIFY) BUR TAL JNERAL DIRECTO NAME		05-06-85	GARRISO		EST VA CEM.  250. DATE F	REC'D. BY REC	IGS MILLS	S BAI	IT IMORE	STATE MD.
	HU		UNERAL I		. 4107 WII	KENS .	AVE. MAY 6	198	5 74000	or London,	1	

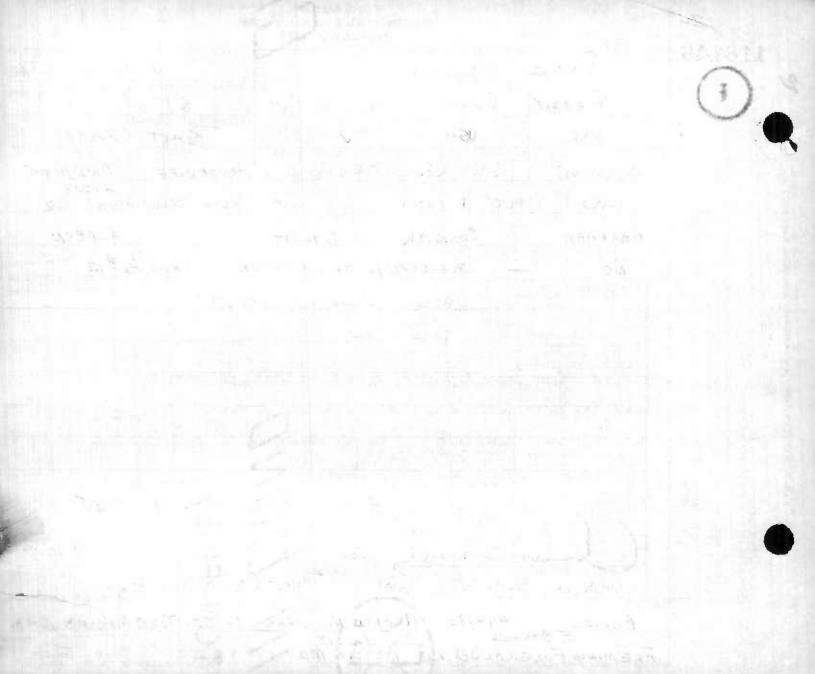


- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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PHYSICIAN: The low requires that the death certificate be

ottending physician.

TENDING

TO HOSPITAL

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

filled in by the funeral director, page 3 ould be filed within 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

executed within 24 hours after

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	MIDDLE	11)500	SIKSO	PORTAL OF DEATH	8. 1983		2b HOUR
3. SE	X	RACE	S. DATE O	F BIRTH DAY YEAR 1904	6 AGE (IN YEARS LAST BE		DER I YEAR	IF UNDER 24 HI HOURS MI
7a B	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUN	NTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF		
	ASSACHUSETTS ITY OR TOWN OF DEATH INKVILLS	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE			12a USUAL OCCUPAT	ION 1 OF WORKING LIFE) II	2b. KIND OF NDUSTRY	BUSINESS
130	ARYLAND BAST ATHERS NAME	THER INSTITUTION GIVE RESIDENCE IN CITY OF		13d INSIDE CITY, LIMITS? YES NO NO NOTHER'S MAIDEN NA	136 STREET ADDRESS	/ ZIP CODE	RIVE	テ るは
		IDDLE LA	ST	FIRST	WIDDLE		LAST	
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (1F YES GIVE	WAR OR DATES)	L SECURITY NO.	FAMIL	1 RECORD			
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	(b), and (c)	DIALI	-u Great		APPROXIMA BETWEEN ON	ATE INTERVAL
,	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON  (c)  DUE TO, OR AS A CON					54	n
NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE ERA	AINAL DE ASAORCOM	IDITION GIVEN II	N PART 110	
CERTIFICATION	19a DATE OF OPERA	19b. CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b IF YES, WE IN CERTIFYING YES	G CAUSES C	
	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTI	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY C	OFFICE, FARM ETC )	211 LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE
	220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	3/29	-	d that in (my) our) opinion	death occurred on the c		from the co	ouses stated
	22b. SIGNATURE COL	2mb			MEDICAL STA	cc	APRIL	IGNED
	DR. DAVID A	· OURSLEF	2	220 ADDRESS 7401 0	URSLER	DRIVE	- 10	<u>w501</u>
6	BURIAL, CREMATION, REMOVAL	APRIL 20 Mg	4	REOSEMER		YURS	UNIY ME	ARYLA
	UNERAL DIRECTOR	E Mem	ORESS 400		R 23 1085		SSIGNATU	

STATE OF MARYLAND

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1985 Grand Devideon Randose

DEF	CEASED NAME FIRST	MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH	DAY YE	AR 2b	HOUR
(TYPE	OR PRINT)	ildred Virginia W	HITE		April 5.	1985		10	):48p
3. SE)	X	4 RACE	5. DATE C	DF BIRTH 11 1913 YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS D		JNDER 24 HRS
	Female RTHPLACE (STATE OR FOREIGN	White 75 CITIZEN OF WHAT COUNTRY?	Oct.	11 1913	9. BALTIMORE CITY	YRS.	Y OF DEAT	н	
0	country eltimore, Md.	USA USA	MARRIE	D NEVER MARRIED DIVORCED	Baltimore				٨
	ssville 21237	11. NAME OF HOSPITAL, NURSIN LIFNOT IN SUCH FACILITY GIVE STREET Franklin Sq. Ho			OSUAL OCCUPATION OF THE STATES	ION OF WORKING I CIAN	12b. KIN SOC	IRY	Secur
13e. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU Maryland Balt	or other institution, give residence before into imore Middle R		13d INSIDE CITY LIMITS?	804 Lanne	/ ZIP COD	Řd.	212	220
14 FA	Samuel H.	MIDDLE LAST		Agnes Jack	nelska			tAST	
16a V		RMED FORCES? 166. SOCIAL SECU ME WAR OR DATES! 218 09		17 INFORMANT Charles W.	White, Hu		S	ame	
1	Conditions, if any, which	(b) IIILIACLAD	le_ve	ntricular lac	hvcardia				
IFICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	ENCE OF		INAL DISEASE OR CON	20b IF YI	ES, WERE FI	INDINGS USES OF	DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DUTY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (this has)	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATIO  AY YEAR  19  April  April	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  21f. LOCATION STREET	206 AUTOPSY?  YES NO[X  RED (ENTERNATURE OF IN)  CITY OR TO  deoth occurred on the co	20b IF YI IN CERT Y URY IN ITEM 18	ES, WERE FIFTING CALL  TES  COUNT  COUNT  1985  220. E	INDINGS USES OF N	STATE  STATE  (we) I sees stoted

DHMH - 16 50M 4/83 (VRA 15, 4)

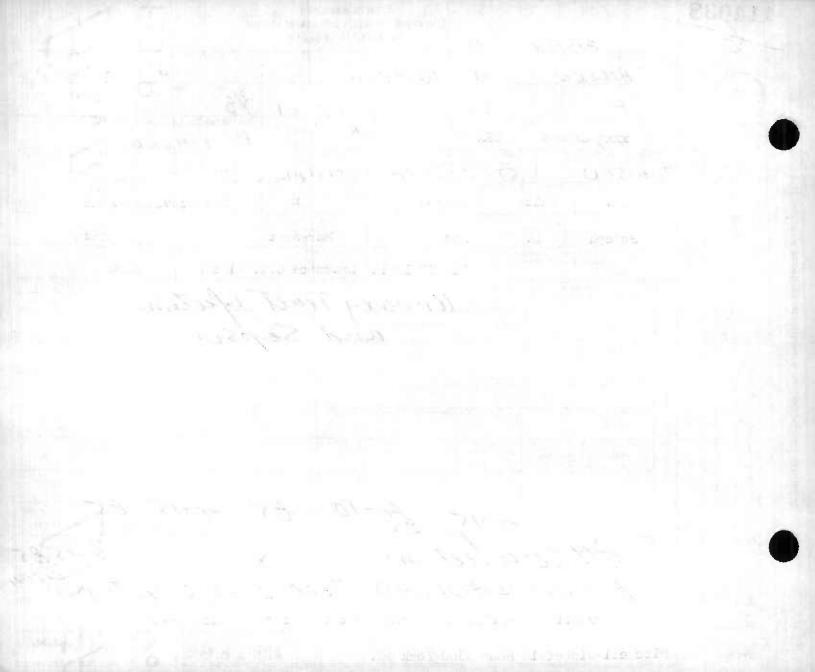
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplitud liked should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I had 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 retained by the hospital or attending physicion.

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114038	+	FOR		DEPART		OF MARYLAND EALTH AND MENTAL HYGI	ENE	0 4 0	6
-6	1,	- STATE REGISTRAR AIL	EEN	M	. CERTIF	ICATE OF DEATH	REG. N	0.	
- C		CEASED NAME F	IRST	MIDDLE	i,	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
3	(IIII	E OR PRINTI) AILEIN	/ 1	1 W.	IBER	6		4 15 8	5 635 P
( A)	3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIE		YEAR IF UNDER 24 I
¥ 400/		F	6	U	MONTH	15 OI	83	YRS	113 1100113
2 de (1)	7a. B	IRTHPLACE (STATE OR FORE		WHAT COUNTRY	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
	1/	xxxx Can	ada USA	A	WIDOWE		BALTIM	1012 E C	ou/
Fig With	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INSTITUTION	120. USUAL OCCUPAT	ION 126 KIN	ND OF BUSINESS
à à à		OWSON	57.	JOSEG	PH /	HOSPITAL	Homemak	er	
hou din	USU 13a	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER INSTITUTION Balto	134 CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	-1204
22 all 22	7	Md.	Balto	Towson		YES NO	13e.STREET ADDRESS 338 St	evenson La	ne /
this state	M. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE		LAST
p dud 1	4	Joseph	L.	Meehan		Margaret		Bre	een
oges one		WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	SS	
Pog . Pog	1.	no -	TES, ONE WAR OR DATES;	216 20	1001A	Lawrence C.E	. Wiberg	Same	
sicro ol.		18 CAUSE OF DEATH	inter only one couse pe	r line for (g), (b), or	nd (c).		- ` 1	BETW	PROXIMATE INTERVA
phy n po mov		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Un	nan	u Track	nesis	in	
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signed hen ple to burio	Z	PART 2 OTHER SIGNIFI	CANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(o)
he low re on. hos been perception	CERTIFICATION	19a. DATE OF OPERATION	N 196. CONE	OITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CALL	INDINGS USED USES OF DEATH?
Z S S S S S S S	W.	21a. ACCIDENT WAS UNDERLY	110110	OF INJURY	AV YEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN STEM 18 PART I OR PAR	(T 2)
The first for	14	OR CONTRIBUTING CAUS	OF DEATH	P.M.	19				
d Medical	MEDICAL	21d. INJURY OCCURRED		OF INJURY	S A DAA STC \	211 LOCATION	CITY OR TO	THUO3 NWC	IY STAT
of of the state of	12	WHILE NOT WHILE	[XI NOME, 3	TREET, FACTORY, OFFICE,	PARM, ETC.J				
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E STATE		sow the deceased of	(did not) view the bod	s ofte death	9 3 - or	d that in (my) (our) opinion a	eoth occurred on the d	ote and hour and from	n the couses state
Ned hed hed her A		27b. SIGNATUR	10.	/ .		DEGREE			ATE SIGNED
ALD THE DESCRIPTION OF THE DESCR		1777	Ohil	ad.	w	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN -	1-15-0
HOSPIT HOSPIT FUNER old be at ORTAN		22d PHYSICIAN'S NAME		4.5	0	22e ADDRESS		~ -	212
Of Ships		1 11 C	SHILL	401,1	MD	1600 C	SLER	Dr. To.	wson
55 52131		BURIAL, CREMATION, RE/	MOVAL 236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP		(SPECHY) Cremat	ion   4/17	/1985 G	reenmo	ount Crematory	Baltimo	re	Md STATE
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR	256, REGISTRAR'S SIG	NATURE
(VRA 15, 4)	M	itchell-Wied	efeld Home	6500 You	rk Rd.	AP	R 1 8 1985	11	



STATE OF MARYLAND

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STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld b

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Burial

Paglinauan , MD

23b. DATE

5-2-85

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

14 godess Belike Rd BALTO MD. 21236

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland Gardens of Faith Cem.

2b. HOUR

12h KIND OF BUSINESS OR

LAST

Self-Employed

STATE

22c DATE SIGNED

4/29/85

IF UNDER I YEAR

1:50

IF UNDER 24 HRS

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MEDICAL

PHYSICIAN TO DIRECTOR PHYSICIAN

9000 Franklin Square Dr., 21237

23d LOCATION

ATTENDING

Philipped to the second of the

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

119003	1.	FOR STATE		DEPARTN	LENT OF HEA	F MARYLAND S	GIENE	0 4 0	9
be south		REGISTRAR  CEASED NAME FIRST OR PRINTS  HAZEL	Loï	retta L	LAST	FFI D	REG. NO 20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR 6
dor. po	3. SE.		4 RACE White		5 DATE OF I	PAYS YEAR 15 02	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER TYPE MONTHS DA	
Poorth. Poor		RTHPLACE (STATE OR FOREIGN COUNTRY)  BALTIMORE	76 CITIZEN OF V	MHAT COUNTRY?	MARRIED (	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	e County.	MD.
by the formal filed with	T	TY OR TOWN OF DEATH  OWSON	ST JO.	FACILITY, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATI	ION A 12b. KIN DE WORKING LIFE) INDUST	ID OF BUSINESS OR FRY Sing Home
filled in bould be	13a S Ma		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Glenmo	nt 13	d. INSIDE CITY LIMITS?	130 STREET ADDRESS A	/ ZIP CODE	21239 APT. H
ompletely completely lond 2 s	E	rank A	MIDDLE ustin	Rarri	sh	MOTHER'S MAIDEN NA Gertrude	K.	Ka	ufmann
ton ond of the medical		No	E WAR OR DATES)		9812 ]	Edward L.			ay, Md.
th certificate nding physic corbonpape . or removol		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (a)	Ine far (a), (b), and	to a	yocardia	1 Mara	HD29 BETWE	ROXIMATE INTERVAL FEN ONSE AND DEATH
that the deaby the atteriors remotion rather traun		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	as a conseque	NCE OF				
equires to signed Then ple	ATION	PART 2. OTHER SIGNIFICANT (	reporte	INTRIBUTING TO D	sus		NINAL DISEASE OR CON	20b. IF YES, WERE FIN	NDINGS USED
Ahi, The lo obysicion. ficore has transit per if hypiene.	L CERTIFICATION	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF	FINJURY M. MONTH DA	Y YEAR	1¢ HOW INJURY OCCUR	YES NO PRED (ENTER NATURE OF INJUR	YES OR PART OR PART	NO 🗌
G PHYSICI of the cert the burid and Memo	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK ALWORK	P.A 21e. PLACE C		19 2	If LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
spiral or company of the company of		220. I certify that (1) this hospi sow the deceased alive an abave (1) (we) (did) (did na	4	1/8 198	5 , and 1	hat in (my) (aur) apinion	death accurred an the do	18 , 1955 ate and hour and fram	the causes stated
ITAL OR - By the ho (RAL DIRE - detoched stark Dept		22b. SIGNATURE	Flank	-da	0	GREE  ATTENDING PHYSICIAN [  2e ADDRESS	MEDICAL STAF	FF	ATE SIGNED
TO HOSPI retained is TO FUNE with the S with the S	73a F	Carl S. F		an /	U.D.	660 Kenil	Weyth D	v. Towso	n, md.
ВР		SPECHY) Burial	4/22/	85 <b>∠</b> M:	iddleto	own Cemet	ery Freelar		o. Co., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	M	artin D. Laws	on, 10 W	. Padon	ia Roa	d, Timoniur	APR 22 1985		on-handale

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. NO.				
KI	20 DATE OF DEATH MONT	H DAY	YEAR	113	9.A
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER ! YEAR	IF UNDER	24 HRS
7	77	MONTHS YRS	DAYS	HOURS	MIN
	RAITIMORE CITY OR CO	LINTY OF D	FATH		

& BIRTHPLACE : ASSAULT OF HONOGAL 76 CITIZEN OF WHAT COUNTRY?

COUNTY

MARRIED NEVER MARRIED

12b. KIND OF BUSINESS OR INDUSTRY

005ep JSUAL RESIDENCE (IF NURSING HOLE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY.OR TOWN

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c)

IMMEDIATE CAUSE (a)

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) I ES NO ORUNKNOWN)

PART I. DEATH WAS CAUSED BY-

budlac (mid

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASCUDE CHT

20b. IF YES, WERE FINDINGS USED

COUNTY

Conditions, if any, which gave rise to immediate coste a stating the underlying count fast.

HE DATE OF OPERATION

- STATE

STIPE CHEPATA

REGISTRAR

CITY OF TOWN OF DEATH

4. FATHER'S NAME

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

710 ACCIDENT WAS UNDERLYING

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) THE BY ILIRY OCCURRED

P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC 1 211 LOCATION

20a AUTOPSY?

not went [ AF IVOR 22a I certify that (1) (this haspital) attended the deceased fram April 7 saw the deceased alive an \_\_\_\_

and that in

STREET

(aut opinion death accurred on the date and have and from the causes stated

22½ SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) BOAS

22e. ADDRESS

NAME OF CEMETERY OR CREMATORY

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DHMH - 16 60M 7/84 (VRA 15, 4)

BUTTURIAL CREMATION REMOVAL

23b. DATE

REGISTRAR 256. REGISTRAR'S SIGNATIURS

STATE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC ATE OF DEATH

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REGISTRAR								
. DECEASED NAME FIRST	MIDDLE	0.50	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	3
Joseph	h D. WOLFE.	.lr		April 4. 19	985		3:00	a
LISEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRT	HDAY} IF I	UNDER 1 YEAR	IF UNDER	_
Male	White	MONT	17 1937	47	YRS.	VIHS DATS	HOURS	AAIP
BIRTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9. BALTIMORE CITY OF		F DEATH		
Marvland	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	Daltimone !	Cambia			
ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	Baltimore	N	12b. KIND C	F BUSINE	_
Rossville	(IE NOT IN SUCH FACILITY			(TYPE OF WORK FOR MOST OF		INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME O		Square Hos	pital	Steel Work	12.1	Raymo	na	_
13a. STATE 13b. COL		TY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			0.0	
Maryland Balt	imore Mid	dle River	YES NO X	39 Honeysu	ckel La	ane	212	22
FIRST	MIDDIE	LAST	FIRST	WIDDLE		ŁAS	T	
Joseph		lfe, Sr.	Helen	0.		Bar	r	_
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SO	OCIAL SECURITY NO.	17 INFORMANT	ADDRES	55			
No		-34-7093	Linda F. Wo	lfe	Same	as 1	3e	
18 CAUSE OF DEATH (Enter of	inly one couse per line far	(a), (b), and (c)				BETWEEN	MATE INTER	VAL
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C	cinoma of t	the lung with					
gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c) Conditions Contribu	cinoma of t	NOT RELATED TO THE TER/		DITION GIVEN	VERE FINDIN	o NGS USEC	
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gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBL  19b CONDITION FO  HOUR A.M. MC  P.M.  21a, PLACE OF INJUR  21a, PLACE OF INJUR	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO REED (ENTER NATURE OF INJUR	20b. IF YES, V IN CERTIFYIN YES [	VERE FINDING CAUSES	NGS USEC OF DEAT NO	]
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90ve rise to immediate cause (a), stohing the underlying cause last.  PART 2. OTHER SIGNIFIC ANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE CONTRIBUTING OR CONTRIBUTING CAUSE OF DETERMINE CAUSE OF	CONDITIONS CONTRIBUTIONS CONTR	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE FARM, ETC.)  USED from March	POT RELATED TO THE TERMON WAS PERFORMED  21c. HOW INJURY OCCUPATION STREET  1985	200 AUTOPSY?  YES NO X RED (ENTER NATURE OF INJUR  CHY OR TOV	206. IF YES, V IN CERTIFYIT YES  VN  19  19  10  10  11  11  11  11  11  11	VERE FINDING CAUSES  LOR PART 2)  COUNTY	NGS USEC OF DEAT NO  SI that He (v	H?
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Gove rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 22d. Certify that the (this has sow the deceased alive a above, the (we) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	CONDITIONS CONTRIBUTIONS CONTR	CONSEQUENCE OF  UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE FARM.ETC.)  assed from March  eoth.	21c. HOW INJURY OCCUR 21f LOCATION STREET  15 . 1985 and that in (man) (our) apinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOTER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF  DIRECTOR PHYSIC	206. IF YES, V IN CERTIFYIT YES  VN  19  19  10  10  11  11  11  11  11  11	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	NGS USEC OF DEAT NO  SI that He (v	H?
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## STATE OF MARYLAND FOR 1 - STATE REGISTRAR

1 - FOR STATE REGISTRAR		DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 3
I DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
(TYPE OR PRINT)	EDNA	M .	WORSHAM	APRIL 29, 1985	7:25A M
3 SEX		4. RACE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
FEMALI	E	WHITE	FEB. 18, 1923	62 YRS	MINS DAYS MOURS MIN.
	TE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY C	OF DEATH
KENTUCK	ΥZ	U.S.A.	WIDOWED DIVORCED	BALTIMORE COU	NTY. MD.
0. CITY OR TOWN OF	FDEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
21234		8703 ASHFORD	ROAD 21234	TEACHER	EDUCATION
130 STATE	113b COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 136 CITY OR TOW	ADMISSION) N 13d, INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	
MARYLANI		TIMORE 21234		A	ROAD 21234

ATHER'S NAME			13 MOTHER'S MAIL	ENNAME			
ALVAN	MIDDLE	INGLIS	ILA		WIDDLE		IGHT
	IN U.S. ARMED FORCES		17 INFORMANT		ADDRESS		
NO		577-30-1126	JAMES A.	WORSHAM	8703	ASHFORD	RD.2123
Conditions, if any,	AS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO,  which hediate	Metastati OR AS A CONSEQUENCE OF	ic Lun	g Carke	2	BETWEE	DRIMATE INTERVAL NONSET AND DEATH
underlying cause	last (c)	OR AS A CONSEQUENCE OF					1111

IFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUSI YES TO	
CAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED			
MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, FARM ETC.]	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

220.1 certify that (I) (this hospital) ottended the deceased Iram sow the deceased alive as April 19 sow the deceased alive as abave (1) we) (did) (did not view the dady after death (our) apinian death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE

22d, PHYSICIAN'S NAME 22e ADDRESS

> GOOD SAMARITAN PROFESSIONAL BUILDING

Ч	230 BURIAL, CREMATION, REMOVAL	23b. DA	TE		23c NAME OF CE	METERY OR CREM	ATORY	23d. LOCA	TION			
	(SPECIFY)	1	_	.0~		****			OR TOWN	COU		STATE
	BURIAL	MAY	2,	85	DULANEY	VALLEY	MEN.	GAR.	BALTI	LMORE	CO.,	MD
	24 FUNERAL DIRECTOR						250. DATE	REC'D. BY RE	EGISTRAR 25b.	REGISTRAPIS	SENATUR	endell.

DHMH - 16 60M 7/84 (VRA 15, 4)

DELINEAL DIRECTOR: After this certificate has been outlet by the definition of the definition of the bound the state by the bound the state between the stat

O FUNERAL DIRECTOR:

ATTENDING PHYSICIAN: The law

etoined by the hospitol or ottending physicion

WILLIAM E. JOHNSON FUNERAL HOMETOWSON, MD YR 29 185 3

A. PADGETT.

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-JOHN WRIGHT Norman 4. RACE & AGE (IN YEARS | IF UNDER 1 YR 3 SEX 5 DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY Male White June 22 1908 DEAD 76 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE C OR COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY COUNTY BALTO. Pennsylvania USA WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Chief Designer-CENTER Towson Aircraft Mfg. Engr. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 10325 B Malcolm Cir., 21030 YES 🗌 Maryland Baltimore Cockeysville 15. MOTHER'S MAIDEN NAME FIRST LAST John Norman Wright.Sr Vira Marett NSIT PERMIT, PAGES 11, HYGIENE, DIVISION O 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 216-09-4625 Evelyn I. Wright, 10325B Malcolm Circ. No 18 CAUSE OF DEATH (Enter only one course p 21030 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [] 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DAT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STYLEMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion Undetermined manner ICAL EXAMINER Charles F. O'Donnell 7501 York Rd. 21204 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/29/85 Dulaney Valley Cem Timonium BP Balto. Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 is Davidson Randall Lawson, 10 W. Padonia Rd. (VR A15 ME (5)) 20M 4/82

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8728 Liberty Rd. Randallstown, MD

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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self-employed

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LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

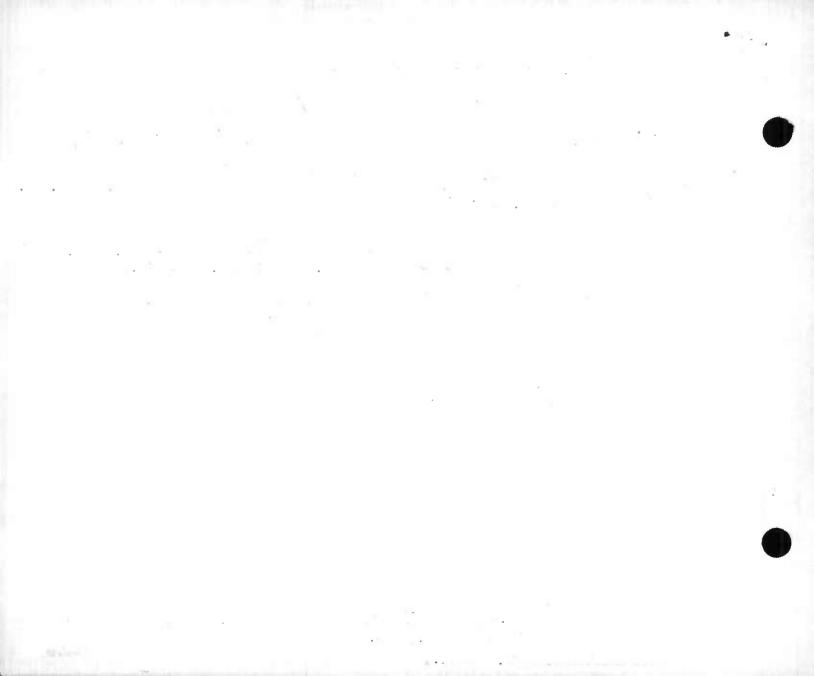
INDUSTRY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) YEAGER 4-2-85 DEATH MATED **EDWARD** 4. RACE 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED 58 1927 White 6:45P Male DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Westinghouse Wycomb Way Towson 13d. INSIDE CITY LIMITS? YES NO NO Balto. Towson 13e 6681 Wycomb DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Way , 21204 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME M. MIDDLE Helen Balcer Joseph Yesger 17 INFORMANT **ADDRESS** 16h SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OK G. Mrs. Regina McGowen-Valley Stream, N.Y. 219- 22-8871 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Aspiration of a bolus of food DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210. EXTERNAL CAUSE WAS 216, TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY STEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING subject choked on food 21f LOCATION 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) city or row Towson, Maryland 6681 Wycomb Way WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH HINE STORADIANORE, MARYDAND, TO MARYDA 22a I certify that I took charge of the remains described above, held on Autopsy TITLE (SPECIFY) ACTUAL EXAMINER'S NAME Margarita 111 Penn Street Korell NSIA. 4/6/85 Gate of Heaven Cemetery CH Va Malla Burial 07/84 BOREGOT AR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Ruck Towson Funeral Home, Inc. 1050 York Rd. (VR A15 ME (5))

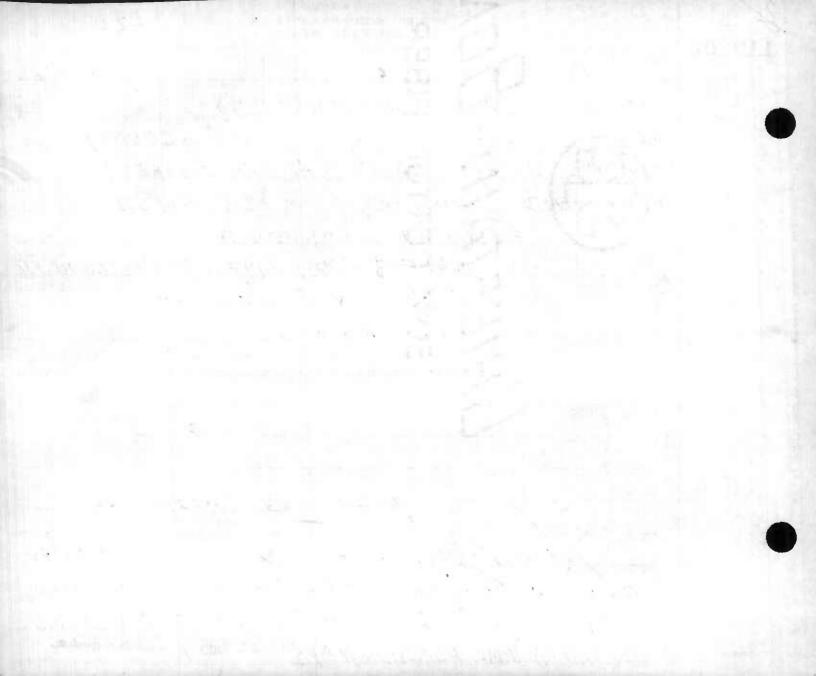
LA committee of a supply of the great 

	1	FOR	DER 4 DY	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	5	0 4 ! 9
	1.	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	
119039		CEASED NAME FIRST OR PRINTI	MIDDLE	Ziff		NOTH DAY YEAR 26 HOUR 14 83 129
(F)	1:SE	Note	White	S. DATE OF BIRTH MONTH DAY 29	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
at Care of Car	PE B	Mary and	0 SA	MARRIED   NEVER MARRIED	Batto.	County "
by the filed with	C	TONSUILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADRESS.  NSS HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W NONE	ORKING LIFE) INDUSTRY NONE
should be		TATE 1136 QUI	R OTHER INSTITUTION, GIVE RETROINCE TENDENCY TO A TOWN	YES NO D	13. STREET ADDRESS	1823 E. BALTO. ST #21202
ompletel		UNKNOWN	MIDDLE ZIFF	FIRST	UNKNOWN	LAST
be exect	160	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) { (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTOR (166 SOCIAL SECTOR (			& SOC. SERV. SOCI ALTO., MD 21201
g physicion conpaper removal event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY TE CAUSE (o)	uyo condi	al Iufar	APPROXIMATE INTERVAL BRTWEEN ONSET AND DEATH
not the death ce by the ottendin 35e remove corb I, cremation, ar i		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	ios cleratic Co	vdic vas cul	ar direas
that the d by the lease rem tol, crems or other t		couse 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
quires signe Then p to bur njury,	NOI	Loug stance	ding flistory	of Schirppiper	ia-Menta	l Retardolion
The low retiron e hos been sit permit. I giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		YES NO	ION. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
HYSICIAN: The nding physicial physic	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY II	4 ITEM 18, PART 1 OR PART 2)
DING PHYS or offendir After this e as the bu olth and M morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Portos For us of He		sow therefeceosed alive or obove. (I) (we) did did no	ital) attended the deceased from 4 - 14 - 19  ot) view the body after death.	2 , and that in (our) opinion	deoth occurred on the date	
0 0 0 0		Depar Vile		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	221. DATE SIGNED 4-14-85
TO HOSPITAL Vefored by the To FUNERAL I Should be deto with the Store I MAPORTAL I TO FUNERAL I			CAVERU	Spring (	Grove Ho	sp. Center
BP	ľ	BURIAL, CREMATION, REMOVAL SPECIFYI BURIAL	APR.16,1985	NAME OF CEMETERY OR CREMATORY BALTIMORE HEBREW	23d LOCATION CITY OF TOWN BALTIMOR	
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC. 250. DAT		REGISTRAR'S SIGNATURE



(VRA 15, 4)

	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.  REG. NO.
(TYP	CEASED NAME FIRST	1019 ZINSEY 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
1	IRTHPLACE (STATE OR FOREIGN	4. RACE  5. DATE OF BIRTH  MONTH  DAY  AND  15 UNDER : YEAR   15 UNDER : YEAR  MONTHS DAYS HOURS  7.6. CITIZEN OF WHAT COUNTRY?
335	ITY OR TOWN OF DEATH	WISA WIDOWED DIVORCED BALTO COUNTY  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1/26 USUAL OCCUPATION 1/26 KIND OF BUSINES
O GA	TONS VILLE AL RESIDENCE (IF MURSING HOME OF	
255 /V	D BAL	TD CATONS VILLE YES NOW 3/3/1/1/5/5/1/1/5  NOW 3/3/1/1/5/5/1/5  NOW 3/3/1/1/5/5/1/5/1/5/1/5/1/5/1/5/1/5/1/5/
	WAS DECEASED EVER IN U.S. AR	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES
injury, or other troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  (b) . Coloral careculation  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100
WS only	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
or Hem I	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFE EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH DAY YEAR
T: If them 21 is marked		or ded the deceased from 6 4 19 85, and that in (myster point on death accurred on the date and hour and from the causes state of the death of the d
MPORTAN TANA	BURIAL, CREMATION REMOVAL	LO PRINT MAD 270 ADDRESS STATI OLD FREDERICK Rd, 2122
	UNERAL DIRECTOR	4/24/36 RRANE PK BATTO BATTO M



-	STA	TE OF	MARY	LAND	13
DEPARTME	NT OF	HEAL	TH AND	MENTAL	HYG
-/					

1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND N CERTIFICATE OF D													
		CEASED NAME E OR PRINT)	Paul	N.	MIDDLE	Zoll	AST		20 DATE OF DEATH	4/1	.8/85	26 HOUR 4:40p M	
	3. SE	M		4 RACE		5. DATE O		YEAR	AGE IN YEARS LAST BII	YRS	IF UNDER I YEAR	IF UNDER 24 HRS	
1		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	what country? <b>A</b>	MARRIE WIDOWE		RIED -	Baltimore city of Baltimo				
1		Towson 11. Name of hospital, nursing home of				BMC (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fed. (				Govt.			
5	13a S	AL RESIDENCE (IF NUE	13b COUN	imor e	Baltime	VN	136 INSIDECITY L	K)	38.STREET ADDRESS 608 Regest			1212	
C		Harry C. Zoll  NOTHER'S MAIDEN NAME FIRST  Mable D. Jones						ŁAS	т				
		(YES, NO OR UNKNOWN) Yes WW II			AR OR DATES)			rgaret	cet A. Zoll 608 Regester Ave.				
>	CERTIFICATION	Conditions, if on, gove rise to im couse (a), stati underlying cous  PART 2 OTHER SIG	mediate ing the e lost	DUE TO, O	R AS A CONSEQU	; Carcinoma			20a AUTOPSY?	ES, WERE FINDIN	NGS USED OF DEATH?		
	MEDICAL CERT				M. MONTH D  M. MONTH D  M. OF INJURY REET, FACTORY OFFICE,	19 FARM ETC )	211. HOW INJURY OCCURRE		ED (ENTER NATURE OF INJURY IN ITEM 18 PAR		COUNTY	RT   OR PART 2}	
		sow the deceo obove, (1) (we) 22b. SIGNATURE	sed olive on (did) (did no	t) view the bady	19.8	5, or	DEGREE ATTEN	) opinion de	MEDICAL STA DIRECTOR PHYSIC	FF V		couses stated	
	1	BURIAL, CREMATION	, REMOVAL	23b. DATE 4/22			od Cemete	ery	23d LOCATION GITY OR TOWN Baltimo			STATE	
		uneral director I TCHELL-WI	EDEFE	LD HOME	, INC.	6500	York Rd.	APR	24 1985	· ·	STRAR'S SIGNAT		

DHMH - 16 60M 7/84 (VRA 15, 4)

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June 12, 121 Tours and a first and a second to 1870 comport  $a^1$  i  $\gamma$  c -1